CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

15 February 1997



# Fraud – PPA says wait for the figures

## Society turns Birdsgrove into drug rehab centre

## LPCs ask for 'private' NHS script guidance

## Business in focus: a case of running off the pace

## Update: the problems of having one too many

## Money transfer giant seeks pharmacy 'agents'

## AAH clarifies Gehe's ambitions in the UK

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Spotting the difference is easy, because the burning of acid indigestion is totally different from the bloating and cramping of trapped wind. Now you can address this difference by stocking Setlers Antacid **and** new Setlers Wind-eze, a simethicone based remedy to gently and safely disperse trapped wind. And spotting the difference in sales will be even easier, because since the launch of Setlers Wind-eze the whole Setlers brand has soared. A lift-off which our plasticine pal Alan, the star of both nationwide TV commercials, is continuing to support. So stock up on new Setlers Wind-eze and Setlers Antacid then sit back and spot the double difference in your sales.

## Two good reasons why sales are growing


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**Product Information. SETLERS ANTACID. Presentation:** Chewable tablets containing calcium carbonate Ph. Eur. 500mg available in peppermint, spearmint and fruit flavours. **Uses:** Relief from indigestion and heartburn. **Dosage and administration:** *Adults, children over 12 years and the elderly:* Suck or chew one or two tablets as required, up to a maximum of 16 tablets a day. **Contra-indications, warnings etc:** Hypercalcaemia, hyperparathyroidism, hypercalciuria, nephrolithiasis and Zollinger-Ellison syndrome. Patients on low phosphate diets, cardiac glycosides or with impaired renal function should not take Setlers Antacid Tablets. Antacids of this type are known to decrease the absorption of concomitantly administered drugs. If symptoms persist consult your doctor. **Undesirable effects:** May cause constipation and flatulence. **Legal category:** GSL. **Cost inclusive of VAT:** £0.55 (12's), £1.39 (36's), £2.49 (96's). **Product licence number:** Peppermint flavour: 0036/0075, Spearmint flavour: 0036/0076, Fruit flavours: 12063/0013. **Product licence holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts. AL7 3SP. **Date of preparation:** January 1997.

**Product Information. SETLERS WIND-EZE. Presentation:** Simethicone USP 125mg in a white tablet. **Dosage and administration:** 1-2 tablets to be chewed before swallowing, 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. **Uses:** Antiflatulent defoaming agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients. Do not use for longer than 14 days. Seek medical advice if symptoms persist or worsen. **Legal category:** GSL. **Cost inclusive of VAT:** £1.55 (10's), £2.99 (30's). **Product licence number:** PL 0036/0084. **Product licence holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts. AL7 3SP. **Date of preparation:** November 1996.


Contains simethicone USP

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## COMMENT

The BBC has accused pharmacists of being the main offenders in widespread prescription fraud, which the NHS Executive estimates costs £30 to £60 million a year. 'Estimate' is the word and, until a report is published next month (see p4), an accurate figure is not available. However, the BBC has demonstrably shown that some pharmacists defraud the system. This is clearly unacceptable, not least because the dishonesty of the minority damages the integrity of the profession as a whole.

There were 29 cases of detected fraud in primary care services, amounting to £1m, in 1995-96, according to the Audit Commission. Script fraud is identified as the biggest area of risk, and both GPs and the public are implicated, along with pharmacists, although the BBC neglected to mention that. On a typical day, 750,000 people see their GP and over 1.5 million prescription items are dispensed. Unsurprisingly, there are major problems in tackling script fraud. However, there are good reasons why smaller pharmacies might submit a smaller percentage of paid prescriptions than multiples. As community (as opposed to High Street) pharmacies, they attract a less mobile population, with a greater number of exempt patients. They may also more regularly advise customers they can purchase items which are cheaper than the script charge.

With script charges climbing steadily and the pressure on margins and productivity unrelenting, the temptation to cheat becomes greater. There is little accountability at any stage in the prescribing, supply and reimbursement process. Much relies on trust, and if that has been abused to an unacceptable degree, it is arguably a better solution to overhaul the whole system. But don't let us forget the other side of the coin: contractors currently lose millions by failing to successfully operate the unnecessarily complicated endorsement procedures imposed upon them by the DoH's Drug Tariff.


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# CHEMIST & DRUGGIST

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## REGULARS

# Pharmacists accused of fraud

Independent pharmacists have been accused of being the main offenders in "widespread" prescription fraud costing the NHS "millions of pounds".

However, they will have to wait until the prescription fraud scrutiny report is published next month to check the accuracy of the BBC's lead news story carried on television and radio on Monday evening. It reported that pharmacists "can make thousands of pounds by simply destroying prescriptions".

An employee pharmacist was interviewed with his identity obscured. He had been asked by his employer to take out cheap prescriptions and not send them off. This resulted in 200 to 300 being thrown in the bin each month, making £500 a month for his employer.

The BBC also reported that an Audit Commission survey found that small chemist shops submitted half the number of paid-for prescriptions as High Street chains.

Both the Royal Pharmaceutical Society and the National Pharmaceutical Association's response has been to ask to see the evidence. Director of fraud investigation at the Prescription Pricing Authority Mike Siswick said on Tuesday: "We have to wait for the fraud scrutiny report. The only figure that is a well accepted fact is that fraud costs the NHS between £30 and £60 million pounds."

The Department of Health announced it was setting up a fraud investigation in November last year (*C&D* November 30, 1996, p764). The Audit Commission reported that £1 million of prescription fraud had been detected in 1995-96, with the NHS Executive estimating that prescription fraud costs between £30m and £60m a year (*C&D* December 7, 1996, p802).

Mr Siswick added: "With fraud, you never know how much there is until it is identified, but it is clearly suspected by the DoH and the Audit Commission."

Dick Hazlehurst, a Bradford pharmacist appointed to the NHS fraud scrutiny team, said in the BBC report: "I would hope and believe that the vast majority of pharmacists are essentially honest. There are a small number who are dishonest and these people must be caught and stopped."

NPA director John D'Arcy agreed with Mr Hazlehurst. "No doubt there will be some fraud, but at this stage I believe that it involves a minimal number." But he questioned how the BBC had arrived at its report, asking: "Where's the substance? We would like to see the evidence when it is published."

The RPSGB's secretary and registrar, John Ferguson, commented that the Society had no evidence that any type of fraud was widespread in any part of the profession.

Mr Ferguson also pointed out that the Society has been involved in talks with the DoH for some time to try to close 'loopholes' which could allow for fraud. The collection of patients' signatures on all prescriptions was one action implemented in this direction.

The PPA's Fraud Investigations Division's computer system will come fully on-line in April, significantly increasing the unit's ability to make checks on patients and contractors.

● A Hampshire doctor has been jailed for 300 days for forging prescriptions. Dr Teshk Shawis pleaded guilty to theft, forgery and deception when he appeared at Blackburn magistrates. He had stolen a prescription pad from the Blackburn Royal Infirmary where he worked, as he needed to send medication to his dying mother in embargo-hit Iraq.

## U-turn by Tories over salaried GPs

The NHS (Primary Care) Bill received its second reading in the House of Commons on Tuesday, after health secretary Stephen Dorrell backed down over proposals to allow pharmacy and supermarket chains to directly employ GPs.

Mr Dorrell told MPs he would amend the Bill to ensure that only health professionals providing NHS services could hold contracts with health authorities to provide medical or dental services. Shadow health secretary Chris Smith accused the Government of "backtracking" on the issue. Labour had joined the British Medical Association in opposing the so-called commercialisation of the health service.

The Bill, which will allow pharmacists and other health professionals to play a fuller role in providing primary care, is now likely to have a smooth passage to the statute book.

During the second reading debate, John Gunnel, Labour MP for Morley and Leeds South, warned that Asda's involvement in selling discount drugs was causing problems for his local community pharmacy. "As a result, the pharmacy is finding it more difficult to stock the necessary range and quantity of drugs," he said. Although it was unrelated to the Bill, the MP said it was vital that Resale Price Maintenance was not scrapped.

# A rose by any other name ...

A student is planning to launch a rival to Radox after EU regulations now require all ingredients in cosmetics and toiletries to be listed.

According to last Tuesday's *Daily Telegraph*, Trinj Masal, from Leeds University, is working on the formula for his 'Raymond Docks' bubble bath, having noticed that Radox now includes the Latin names of the herbs on its packaging. Using Mr Masal's contacts in the Indian pharmaceutical industry, the first batch of Raymond Docks is reported to have arrived in Britain.

It could seem that using Latin names is intended to confuse the consumer, but Chris Flower of the Cosmetic, Toiletry and Perfumery Association says that the legislation is intended to protect the consumer from allergens. "There is an agreed standardised name for each product," he says, allowing ingredients to be identified anywhere in Europe. The same names have been adopted in the USA. One of the more common ingredients is '*aqua*', but this is preferable to having to label the ingredient *eau*, *Wasser* or *agua*.

Sara Lee, manufacturer of Radox, is reported as saying that it thinks it will be very difficult to reproduce the Radox formula. As for the name of Mr Masal's product, Radox is prepared to protect its intellectual rights.

# Nurse prescribing pilot extended to ten NHS trusts

A further 1,200 nurses in ten NHS trusts will take part in the nurse pilot prescribing scheme from April. The scheme will be extended again across England from April, 1998.

Announcing the news last week, junior health minister Baroness Cumberlege said that the "experience at the eight original sites and last year's extension at Bolton have proved that nurse prescribing is working well".

The scheme allows practice nurses and those in the community to prescribe from a limited formulary. It began in eight Bolton GP fundholding practices in October, 1994. It was extended to the whole district community NHS Trust in Bolton last April, where 140 nurses are now taking part.

The ten NHS trusts for this next expansion are: Bradford Community Health, Airedale, Walsall CH, Canterbury and Thanet Community Healthcare, Thameside CHc, Aylesbury Vale CHc, Taunton & Somerset, East Somerset, Fosse Health, and Wigan & Leigh Health Services.

# Amendments could scupper Fitness to Practice Bill

Sir Michael Shersby MP, the sponsor of the Pharmacists (Fitness to Practice) Bill, said this week he expected his measure to complete its remaining parliamentary stages by March 3.

He was holding talks with the Royal Pharmaceutical Society on how to resolve questions raised about the Bill by Baroness Flather, whose husband, Gary Flather QC, is chairman of the Society's Statutory Committee.

She believes pharmacists should be informed what steps were being taken to obtain information about whether they were fit to practice, especially if it came from a competitor.

She also argued that the Bill should also state clearly what standard of proof was required before a pharmacist was suspended, and that members of the Statutory Committee should sit on the appeals tribunal.

Sir Michael said the Bill would run out of time if it faced lengthy amendments, and argued that Lady Flather's proposals might best be incorporated through regulations added to the Bill after it became law.

# PNSC/NPA bid on NHSE shortlist

The Pharmaceutical Services Negotiating Committee has confirmed that its bid to run a pilot project looking at the community pharmacists' wider role has been shortlisted by the NHS Executive for central funding.

PSNC, together with the National Pharmaceutical Association and the Universities of York and Aberdeen, put together a bid for a pilot study, including repeat dispensing based on the issue of medicine at intervals of 28 days.

Last July, the NHSE announced that £750,000 would be available for pilot projects in three areas in 1996-97. These were:

- repeat/instalment dispensing
- extended adherence support
- pharmaceutical care packages for particular patient groups.

# New practice division created at NPA

The NPA has formed a new practice division, incorporating the information, professional development and public relations departments.

Colette McCreedy will head the new division and a new head of public relations will be recruited to take over her previous position. The new division aims to implement a strategy for pharmacy practice to ensure that pharmacists – particularly NPA members – feature prominently in NHS developments. It will coordinate the activities of those NPA departments which promote and market the skills of members, and provide the information needed to run their businesses successfully.

Ms McCreedy joined the NPA in 1985 after six years in community pharmacy. She was head of information before becoming head of public relations in 1986.

# Scottish health White Paper introduced

The first of two health White Papers for Scotland was published last Friday.

'The Scottish Health Service: ready for the future' outlines 24 initiatives to receive £40 million. The primary care sector is mentioned, but will receive more attention in a second paper, 'An agent for reaction', expected at the end of this month.

Announcing the launch last Friday, Scottish secretary of state Michael Forsyth said one of the initiatives is to involve nurses more in prescribing for patients. He also commented that he wished to see the expansion of community hospitals.

'Ready for the future' is available from the Stationery Office, ISBN 0101355122, priced £13.40.

# PCC: 'new services, new money'

Northern Ireland pharmacy contractors will "completely reject" any attempt to devolve money from the global sum to pay for new services, says Pharmaceutical Contractors Committee chairman Sheelagh Hillan.

The PCC is not opposed in principle to the devolvement of services, she told senior civil servants from the Department of Health at the PCC's annual dinner last Friday. However, there was total opposition to any move to devolve money from the global sum to pay for new or extended services.

"This would mean contractors carrying out yet more additional work for no additional remuneration – in effect, yet another significant pay cut," she said.

While praising the DHSS for its achievement in extending the rural dispensing limit out to 5km, Ms Hillan was critical of the lack of progress some health boards have made in implementing the new guidelines. She urged the Department to put pressure on board officials to stick to the proposed timescales.

"The implementation process has become tortuous, and the delay is confusing some dispensing GPs, who are already planning to reduce or even cease providing a dispensing service by the autumn. The net result is to confuse the patient, and the whole process is for their benefit," said Ms Hillan.

The recent White Papers on primary care show pharmacists have succeeded in persuading politicians of the importance of community pharmacy services. "We have, however, singularly failed to convince them of the value of the service," she said.

The White Papers suggest there is a need for greater flexibility in service delivery. What community pharmacy needs from the DHSS is an openness to new ideas and a more generous attitude. "To say there is no new money available may be an accurate reflection of how the Department sees things, but I am mindful of the large sum added to the budget to fund 'out of hours' GP services."

Many pharmacists are sceptical that this 'new flexibility' will benefit patients. The devolvement of oxygen services to health boards is a few weeks away, and Ms Hillan pointed to the difficulties which have arisen in England and Wales.

She remained optimistic about the future. Community pharmacists provide a cost-effective service and one which the public greatly values, she said. They have survived in the market place as commercially viable entities for a long time. "We have never had the luxury of premises allowances, or of having 70 per cent of our staff costs paid. We will survive in some shape or form for a long time to come."

**PCC chairman Sheelagh Hillan (right) at the Committee's annual dinner at the Culloden Hotel, Belfast, last Friday, with guests Clive Gowdy, chief executive at the HSSE; and Joan Dixon, the director of primary care and purchasing. Mr Gowdy will be succeeding Alan Elliott, who is retiring in a few weeks, as permanent secretary at the DHSS**

## Healthy hearts

**The Pharmacy Healthcare Scheme has published its latest leaflet, 'Keep your heart happy'. It outlines ways of improving health to protect the heart.**

## NHSE position on PRS

**The NHS Executive has re-affirmed that its advice not to enter into agreements with any company offering the facility to transfer prescription data electronically still stands (*C&D* January 11, p4). The RPSGB said on Tuesday that it had met with the National Pharmaceutical Association and the General Medical Services Committee to discuss electronic communication links between GP surgeries and pharmacies.**

## All-night pharmacy

**The pharmacy in the Tesco at Prestwich is expecting to be included in the all-night opening that the company will operate in four of its stores every Friday. The move follows the success of a similar exercise before Christmas.**

## Rural GPs seek exec ...

**The Dispensing Doctors' Association has voted in favour of appointing an executive officer at its annual conference. The DDA committee is to provide details of the post within six months. The move was opposed by DDA chairman Dr David Roberts, who argued that it would be a waste of funds, and that he already carried out most of the proposed job description tasks.**

## ... and face inquiry

**The issue of drug discounting and discounting doctors is be examined later this year. According to *Pulse* magazine, the aim is to find out how much discount dispensing doctors receive so the correct amount can be clawed back for the common GMS pot.**

## Square alumni alert

**Calling all graduates of the School of Pharmacy, University of London, especially those who are now overseas. PJB Publications wishes to hear from you for inclusion in the next edition of the School's 'Directory of Alumni'. It is also seeking to appoint co-ordinators from each academic year to assist in circulating the directory and quarterly newsletters. If you are, or know of, a Square graduate, please contact Narinder Dosanjh at PJB Publications, 18-20 Hill Rise, Richmond, Surrey TW10 6UA. Tel: 0181 332 8937.**

# LPCs push PSNC on 'private' NHS scripts

The Pharmaceutical Services Negotiating Committee is being urged by Barking & Havering LPC to press the Department of Health to confirm that NHS prescriptions may not be used as private scripts. In a motion before the LPC Conference on March 3, the LPC is asking that pharmacists' Terms of Service be amended accordingly.

A call from West Pennine LPC for PSNC to move community pharmacy from a product-based to a patient-based service will kick off the conference debate. It is backed up by a motion from South Essex calling for the development of remuneration structures which support new models of pharmacy practice "in harmony with the principles outlined in the recent Primary Care White Papers and 'Pharmacy in a New Age'."

Other motions dealing with remuneration call for:

- PSNC to seek universal extension of the practice allowance
- LPCs to reject any increase in the professional allowance threshold
- the NHSE to amend the period of treatment fee so that contractors are treated fairly if income is reduced due to local changes in prescribing.

Rural dispensing raises its head in a motion from Suffolk LPC calling for a negotiated agreement to protect market town pharmacies from doctor dispensing applications. PSNC says suitable criteria based on local experience will be presented.

West Herts is asking PSNC to reconsider its "negative stance" towards the PIANA initiative. However, both Cheshire LPCs are seeking conference's support for the view that remuneration matters are the province of PSNC, not the RPSGB.

A refund of part of the LPC levy for those contractors who do not receive the professional allowance is proposed by Enfield & Haringey, while Worcs LPC suggests reducing the LPC levy.

**Conference agenda 10.00am-4.00pm**

- Chairman's report: Wally Dove reports on the past 12 months and the progress of negotiations with the NHSE for 1997-98.
- Actions arising from the 1996 LPC conference.
- Resolutions from LPCs.
- Steve Axon outlines options for a regional structure for LPCs.
- Open forum.

Of the 29 motions submitted, PSNC indicated it would accept 13 without debate:

- PSNC is requested to work with the DoH, the RPSGB and doctors to develop an NHS-wide system for the electronic transfer of prescription data between prescriber and pharmacist in a motion from West Pennine LPC.
- Dorset LPC wants to ensure that the endorsements 'PC' and 'PNC', plus the pharmacist's signature are acceptable on all incomplete scripts (with the exception of CD items).
- Hillingdon is calling for all medicines packed in blisters or strips to be treated in the same way as calendar packs as regards quantity supplied.
- PSNC is asked to investigate sources of additional funding to finance education and training during working hours.
- Sunderland LPC calls for the early implementation of the Touche Ross report on appliance contracts. Its contractors are also reluctant to take part in out of hours dispensing because of inadequate pay and want an acceptable solution.
- Gloucs LPC wants the use of instalment prescriptions to be extended to include other drugs of possible misuse, eg temazepam, dihydrocodeine.
- A call for pharmacists to be paid a fee when, due to their intervention, an item is not dispensed.

# BHMA to introduce quality code

The British Herbal Medicine Association has devised a code of practice to ensure the quality of herbal remedies.

By January 1, 1999, BHMA members will have to comply with the code which will bring unlicensed products up to the same quality standards as licensed remedies.

Products which comply would carry a distinguishing mark to alert retailers and consumers.

Remedies will have to be made according to standards of good manufacturing practice and raw materials will have to comply with the British, European or Chinese Pharmacopoeias, or the British Herbal Pharmacopoeia.

They must not contain any heavy metals or have synthetic drugs added to them. They must not contain animal products as active ingredients, but a concession is made for traditional Chinese remedies, which must not contain endangered species.

The code will be administered by an independent committee with powers to inspect premises and test products. There will be two members without commercial interests and a secretary. The chairman will be Dr Desmond Corrigan, chair of pharmacognosy, Trinity College, Dublin.

According to the BHMA chairman, Victor Perfitt, the scheme has the full support of the Medicines Control Agency.

"We, in turn, have promised to co-operate in their programme of adverse drug reaction and defective product reporting," he told *C&D*.

Although not all producers of herbal remedies need to join the BHMA, Mr Perfitt believes the MCA would "flex its muscles" against outsiders with substandard products.

"Some very poor quality imports are turning up; we want to see them removed because they bring herbal medicine into ill repute," he added.

Mr Perfitt predicts that, within the next ten to 20 years, all herbal remedies will be licensed.

# Department of Health hands GPs staged 3.4pc pay award

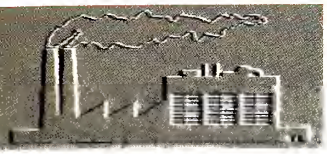
The Pharmaceutical Services Negotiating Committee was meeting to discuss its 1997-98 remuneration bid this week, following recommendations from the Doctors' and Dentists' Review Boards' which were accepted by the DoH last week.

Doctors will get a 2 per cent increase from April 1, rising to 3.4 per cent from December 1. The same amounts apply to GPs' intended average net income. Recovery of past overpayments will be staged, and GPs will also receive a 0.9 per cent increase in expenses from April 1. The DoH says that the total uprating factor for 1996-97 will be 2.8 per cent over the 1995-96 salary scales, effective from April 1.

"When PSNC puts its claim into the Department of Health, any claim will be made on the DDRB report," PSNC secretary Stephen Axon said, but this would not be the sole criteria.

It is unlikely that a pharmacy pay settlement would involve a phasing element, which Mr Axon sees as a feature of review body awards. Instead, PSNC will be looking at a year on year award.

INDUSTRY VIEWPOINT



## The tools are there if you want to use them

Looking through back issues of *Chemist & Druggist*, it was interesting to re-read a piece from **Xrayser** in which he reflected his concern over the threat to Resale Price Maintenance on medicines.

"I know that, in a price war, I could never compete against the buying power of the large multiples," he said. Time will tell whether his fears are justified, but there can be no doubt that competing with the major multiples remains a constant challenge for all community pharmacists.

It is all the more surprising, therefore, that so little publicity has been given to the latest initiative by Numark, with its 'Everyday Low Prices on Known Value Items' campaign. This offers Numark members the opportunity to compete effectively on a range of 37 brand-leading toiletries across ten key categories.

**Perhaps community pharmacies can compete against the multiples**

Brands featured include Pampers, Tampax, Always, Lucozade, Heinz, Oil of Ulay, Macleans, Pantene, Dettol and Andrex. The initiative includes a supporting package of display material, bag stuffers and a regular update on retail prices posted by the major multiples.

This is exactly the type of initiative that pharmacists need to allow them to compete effectively with the multiples. The problem is that the programme is only available to Numark's 900 or so members. If Unichem, AAH and Enterprise were able to offer similar packages to their customers, community pharmacists would be in a much stronger position to fight back with their front of shop business, while maximising profitability from their dispensing service.

Perhaps community pharmacies can compete against the buying power of the large multiples, after all.

*This column is contributed by a senior industry manager.*

# Topical Reflections

## The appliance of science

'Broken bulk' claims have once again been in the news, with the National Pharmaceutical Association explaining the processing procedure adopted by the Prescription Pricing Authority in the February 'Supplement'.

I recently complained about the unfairness of broken bulk (*C&D* January 18) when the Pharmaceutical Services Negotiating Committee gave an explanation along similar lines, but it seems that both these organisations see nothing wrong in the way the PPA interprets broken bulk for the benefit of the Treasury.

The NPA even seems happy in the knowledge that the PPA interprets the Tariff to suit its own administrative convenience and is merely passing this information on to me for clarification!

I am already annoyed that the PPA does not pay broken bulk claims in perpetuity, because it is my money it is unilaterally refusing to reimburse, but it is rubbing salt into the wound to be told that it is not even a requirement of the Drug Tariff that broken bulk claims are paid by the PPA in this way.

I earn little enough in the way of fees for the often onerous work I do on behalf of the NHS without being underpaid for the cost of the drugs I supply. Instead of being content with complex explanations of how the PPA is administering broken bulk, both the PSNC and the NPA might better employ their talents to ensure that in future I am accurately repaid for fulfilling my contractual obligations.

## Confidentially speaking ...

It can only be Murphy's Law, but the NPA has upset me twice in a week. I have been asked to complete a business profile questionnaire which, if it had not been sent by the Association, would have been instantly filed.

Instead, I started to dutifully complete the questions and then realised that I was being asked to divulge information which, by simple statistical analysis, would provide sensitive commercial information about my business.

I am assured that this information will be strictly controlled by the NPA and will only be used for my benefit, but the Association also categorically states that "some elements may be released under licence to organisations interested in providing you with products and services".

Which 'elements' are we talking about? Some of the information sought, I guard jealously and would never divulge at any price. Other 'elements' I certainly do not provide for free, even to the NPA, and I have my own efficient way of dealing with unsolicited mail. I am also fully aware of the advantages to all companies of being able to target their mailshots and can appreciate the value of information, which allows them to do so.

If I could be assured that my NPA subscription was to be substantially reduced by the controlled selling of this data base, and that my information was kept strictly confidential, then I might, but only might, agree to co-operate.

## A supplement or a therapy?

A supplement is defined by the Oxford English Dictionary as "something added to supply a deficiency", yet lots of vitamins and minerals are marketed in strengths many times greater than the recommended daily allowance.

In these cases, the intention is to treat disease rather than to 'supplement' deficiencies, and as such is a constant bone of contention between the supplements industry, with its unlicensed high-dose vitamins, and the various regulatory authorities.

The current conflict over the proposed restrictions on sales of vitamin B6 (*C&D* February 8) is an example of this problem, but while the supplements industry sees pharmacy as a threat, the wider problem of effective licensing will remain.

Now, I have no problem with the sale of some high-dose vitamins, and also consider they should remain available from traditional health food shops, but their use must be properly defined and their safety established.

A licensing protocol must be agreed between the supplements industry and the regulatory authorities, which leaves intact the present means of distribution but which distinguishes by accurate labelling those products accepted as being true supplements from those intended for therapeutic purposes.

# Losec indicated for long-term NSAID users

A new licence indication for Losec (omeprazole) means patients on long-term non-steroidal anti-inflammatory drugs can be protected from potential peptic ulcers.

The drug is now indicated for the prophylaxis of gastric and duodenal ulcers associated with NSAID use in patients with a past history of gastroduodenal lesions. The recommended dose is 20mg once daily.

Results of a study presented in Copenhagen last year showed that a daily 20mg dose of omeprazole was more effective than ranitidine 150mg twice daily at preventing and healing of NSAID-induced ulcers. It was also at least as effective at healing these ulcers as misoprostol, but was better tolerated and gave greater relief from reflux symptoms, abdominal pain and indigestion.

Prevalence of gastric ulcers and duodenal ulcers among chronic NSAID users is estimated at 13 per cent and 11 per cent respectively.

## Ethical's captopril

**Ethical Generics has chosen Valentine's Day to launch its own captopril tablets range: 12.5mg (100, basic NHS price £18.86), 25mg (56, £12.03; 90, £19.34; 100, £21.49) and 50mg (56, £20.50; 90, £32.95; 100, £36.61).**
**Ethical Generics Ltd. Tel: 01635 568400.**

## Suprax seven-pack

**Suprax (cefixime 200mg) is now available in seven-capsule blister packs for a single course of once daily treatment. The basic NHS price is £9.95. Suprax is still available in tubs of 50 capsules and suspension form for paediatric use.**
**Rhone-Poulenc Rorer Ltd. Tel: 01732 584000.**

## Lagap salbutamol

**Lagap Pharmaceuticals has launched salbutamol syrup 2mg/5ml in 150ml bottles which supersede existing 100ml packs. The basic NHS price is £0.71.**
**Lagap Pharmaceuticals Ltd. Tel: 01420 478301.**

## Fortum Monovial addition

**Fortum Monovial (ceftazidime 2g) is the latest addition to Glaxo Wellcome's Fortum intravenous infusion range. The Monovial, which has the same basic NHS price as the 2g Fortum Vial (£19.80), has been designed to avoid the need for reconstitution and reduce the risk of needle stick injuries.**
**Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.**

MEDICAL MATTERS

# Screen analgesics request

New migraine management guidelines want pharmacists to look out for repeat over the counter purchases of analgesics and requests for stronger analgesics for 'headaches'.

The new national guidelines, drawn up by 13 consultant neurologists and general practitioners, want pharmacists to seek out those not responding to standard treatment and refer them to their general practitioner. Many sufferers do not realise that greater relief of their symptoms is attainable.

The guidelines recommend:

- initial treatment with simple analgesic and/or anti-emetic
- sumatriptan for use in acute treatment
- prophylaxis with propranolol or pizotifen in frequent migraine attacks (four attacks or more per month). Additional acute therapy should be available for breakthrough attacks.

Dr Andrew Dowson, director of headache services at London's King's College Hospital and a member of the Migraine in Primary Care Advisors group, said the guidelines were drawn up for three reasons: growing clinical experience with the newer acute treatments; rising expectations of therapy; and the recognition that migraine affects quality of life.

Copies of the guidelines from MIPCA Secretariat, PO Box 226, Richmond, Surrey TW9 1LU.

# Resist hard sell of allergen control devices

Asthma sufferers should be very sceptical and question all claims made for specialist vacuum cleaners and air filters, says the latest *Health Which?*

Specialist vacuum cleaners are designed to remove the allergens responsible for asthma, but can cost twice as much.

Marketing of the products also pointed to the high-efficiency filters (collecting 99.9 per cent of particles), but failed to mention that reducing house dust mites did not necessarily improve asthma in all cases. The panel also wanted to see more evidence on the efficacy of air filters in asthma.

The best way to control allergens and house dust mites is to attack from all fronts.

- Hip replacements are failing too many people too soon, with many needing revision operations to correct them.

According to *Health Which?*, up to 11 per cent of all hip replacements in Britain are to correct failed implants and this is expected to rise to almost a quarter.

Possible explanations are inconsistencies between the different artificial hip models available or that people are outliving the replacements, which have a limited lifespan.

Hip replacement is one of the commonest major operations in the UK, with around 40,000 primary replacements performed on the NHS in 1994-95.

# Selenium deficiency in a nutshell

Selenium intake over the last 20 years has almost halved and may have contributed to the rise in cancers, cardiovascular disease and subfertility.

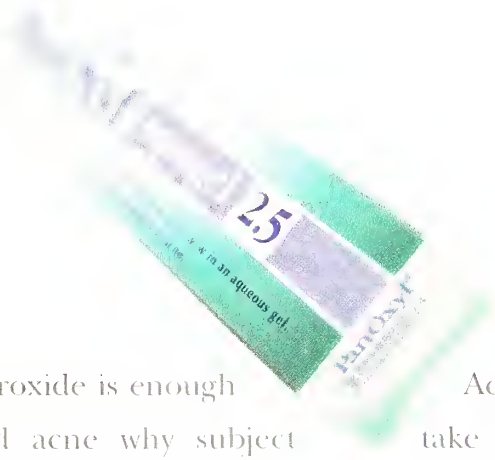
An editorial in last week's *British Medical Journal* points to a survey undertaken in 1994 by the Ministry of Agriculture, Fisheries and Foods which found intake to be around 34mcg/day compared to 60mcg/day some 22 years ago.

The fall in imports of selenium-rich wheat from North America and changes in bread-making technology may have contributed to this deficiency. Bioavailability may have dropped as a result of acid rain and intensive farming.

This selenium deficiency may have promoted atherosclerosis, damaged DNA and carcinogens through its indirect antioxidant activity. It may also be the culprit in falling male fertility – selenium is essential in sperm construction and testosterone metabolism.

It is not all doom and gloom, though. Author Margaret Rayman, from the University of Surrey, suggests a daily helping of Brazil nuts, the richest natural source of selenium.

# Spots can't take it, but young skin can.




If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.[1]

**PanOxyl®** Aquagel 2.5
benzoyl peroxide

**Appropriate action against mild acne**

[1] clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996).

**oduct Information. Presentation:** PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. **Uses:** For the treatment of mild to moderate acne. **Dosage and Administration:** e gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 40g £3.10. **Product Licence Number:** PL 0174/0049. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Woodburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1996.

STIEFEL

# COUNTERpoints


## Sure stays cool with new launch

Elida Fabergé has introduced a fresh new variant in its Sure range.

Aimed at young women aged 16-25, Sure Cool White has a light and fruity fragrance.

The product comes in aerosol and roll-on formats, featuring the brand's 'tick' icon and a '24 hour intensive' strapline.

Target retail prices are $1.79 and $2.09 for the 150ml and 200ml aerosols and $1.19 for the 50ml roll-on.

Cool White will feature in Sure's $1 million 'dune' TV commercial, which has been re-edited to support the launch.

On air from March 1, the advertising is part of an $8m Sure campaign this year.

- Sure is brand leader in the deodorants market with a 18 per cent value share (IRI year/end 1996).

**Elida Fabergé.**
**Tel: 0181 481 6000.**

## Natural way to work up a lather

Montagne Jeunesse has introduced a new range of eight pure vegetable glycerine soaps.

The products are purposely shaped to aid skin exfoliation and contain natural extracts in a palm oil base to cleanse without stripping the skin.

The colourful range comprises Milk and Oatmeal, Strawberries and Cream, Tuscany Apple, Seaweed and Mineral, Lavender, Evening Primrose, Peach Oil and Vitamin E.

The recommended retails price for a 100g bar is $0.99.

**Montagne Jeunesse.**
**Tel: 01792 310306.**

## Swiss vanilla for hair care range

A new addition to Alberto Culver's St Ives Laboratories Swiss Formula range is Swiss Vanilla Protein shampoo (300ml, $2.29).

As well as natural vanilla it contains nettle, watercress, rosemary and camomile. These are blended with cysteine, vitamins E and C, and panthenol to soften and strengthen hair.

- The formulations of four complementary shampoos and conditioners in the St Ives Swiss Formula range have been improved and are available in 300ml packs. These include Aloe Vera and Vitamin E products, Keratin Extra Volume and Body items, the Pro-Vitamin B5 Silk Protein range and Papaya Root Nourishing products.

**Alberto Culver Co (UK) Ltd.**
**Tel: 01256 57222.**

## Freesia Flower power in new packs

Taylor of London has redesigned its Freesia range of toiletries with new packaging featuring an attractive colourful illustration of the flowers. A 50ml eau de toilette spray has also been introduced to the range.

A free gardening book, 'Creating a Herb Garden' (worth $6.99), is currently available with any two Freesia purchases including an eau de toilette spray in a promotion running until March 31.

A promotional parcel, including point of sale material, is available to stockists.

**Fine Fragrances & Cosmetics Ltd.**
**Tel: 0181 979 8156.**

## Hands up for unisex nail polish

Miners Cosmetics is aiming its new collection of metallic nail polishes at men as well as women.

Colours range from pinstripe grey, deep chestnut brown and antique bronze to turquoise, jade green, burgundy and purple.

The 12 shades retail at $1.49 each.

**Paul Murray plc.**
**Tel: 01703 268444.**

## Unichem builds on own-label hair care

**Unichem has launched three new value for money hair care products to add to its own-brand range.**

**The new additions are apple shampoo for frequent use, jojoba shampoo for dry/damaged hair and jojoba conditioner for dry/damaged hair.**

**Packaging is in a 500ml flip-top bottle retailing at £0.99.**

**Unichem plc.**
**Tel: 0181 391 2323.**

## Holding power

**A £3 million TV campaign for Salon Selectives Flexihold will be on air for the next three weeks. The product is also being supported by a 'buy one, get one free' offer until the end of March.**

**The entire Salon Selectives range will also be supported by a further £6m television spend and new interactive point of sale material. Link-ups with fashion events and nightclubs are planned.**

**Elida Fabergé.**
**Tel: 0181 481 6000.**

## Smell of success for Ted Lapidus

The Perfume & Beauty Partnership will be widening the distribution of Ted Lapidus fragrances from March.

Fantasme, a soft Oriental perfume for women, is presented in a bottle featuring a blue ribbon in relief forming a bow knot.

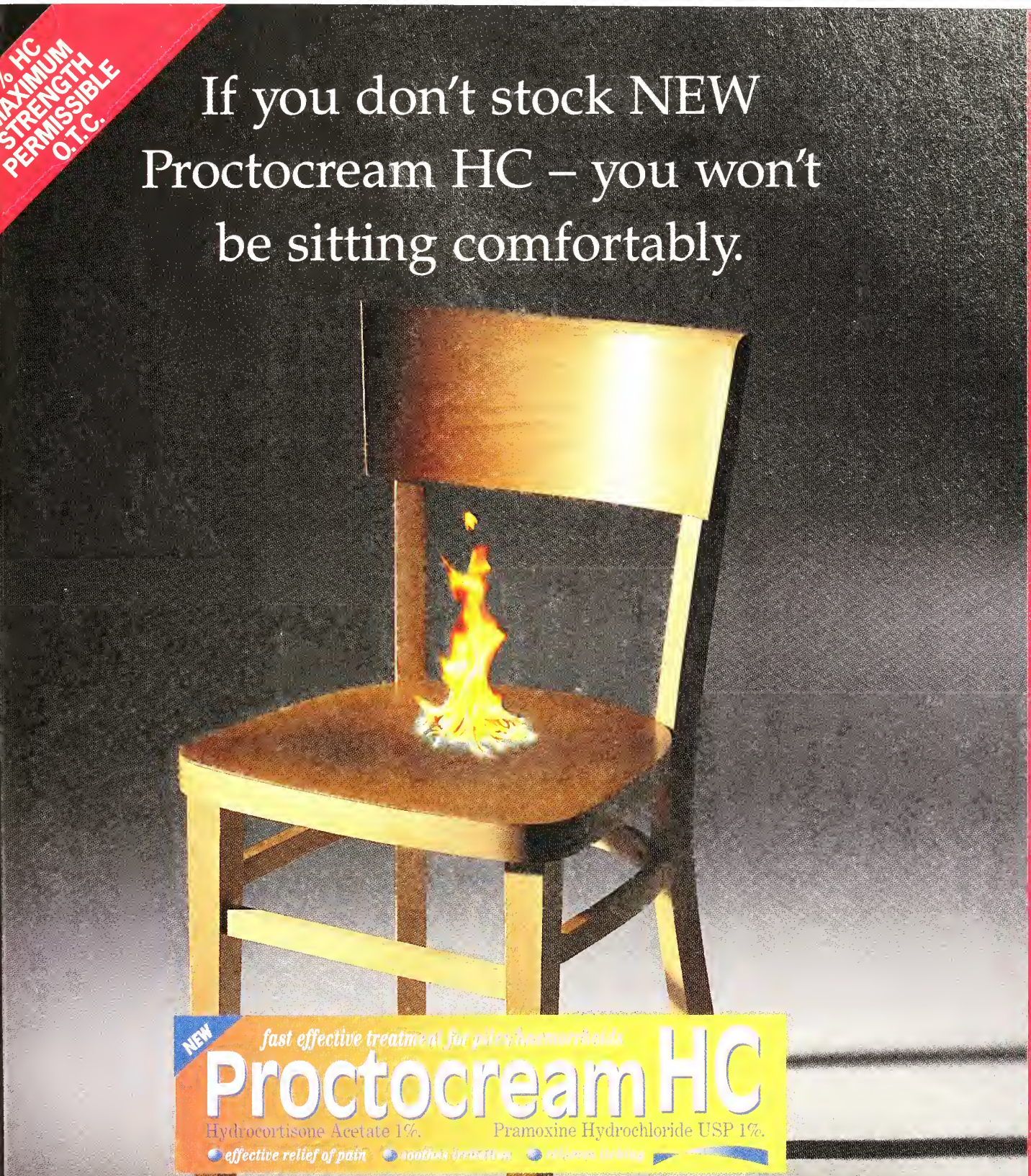
Lapidus Pour Homme is a fresh and spicy scent combining lavender, bergamot, coriander, sandalwood and musk. Its grey opal is a first for a perfume bottle. Both these products are currently exclusive to Selfridges.

Parfums Madeleine Vionnet, a feminine floral fragrance, is available from April.

**The Perfume & Beauty Partnership.**
**Tel: 01483 282486.**

% HC
AXIMUM
STRENGTH
PERMISSIBLE
O.T.C.

# If you don't stock NEW Proctocream HC – you won't be sitting comfortably.



NEW

*fast effective treatment for piles/haemorrhoids*

## Proctocream HC

Hydrocortisone Acetate 1%. Pramoxine Hydrochloride USP 1%.

*effective relief of pain* *soothes irritation* *relieves itching*

Are your customers sitting comfortably or are they just uncomfortable about their pile treatment?

Well now there's NEW Proctocream HC the first over-the-counter treatment for piles to combine an anti-inflammatory (hydrocortisone) and an anaesthetic to help ease the swelling while it stops the pain – offering your customers a unique answer to the problem of painful piles. And at just £3.89, they'll get twice the benefits without it being double the price. With extensive point-of-sale and support material, NEW Proctocream HC will be making its presence felt, and with further activity later in the year, your customers will be left with no doubts as to the benefits NEW Proctocream HC can offer them. So when the question of painful piles is asked, the answer is simple – choose the dual action properties of NEW Proctocream HC.

**Product Information. PROCTOCREAM HC Presentation:** Proctocream HC, Hydrocortisone acetate 1% w/w and Pramoxine hydrochloride 1% w/w in a white cream base. **Dosage and administration:** Apply after bowel evacuation morning and night up to 4 times a day, with finger, on to affected area. For internal rectal use: Remove cap from tube and apply applicator. Squeeze tube to fill applicator and gently insert into rectum. Squeeze tube carefully to force cream into rectum. Wash applicator after each use. Not recommended for children under 18 years. **Uses:** Relief of pain, swelling, irritation and itching associated with uncomplicated internal and external piles. **Warnings:** Do not use for periods longer than 7 days. **Precautions:** Should not be used by patients with known sensitivity to pramoxine or other ingredients. Not to be used in pregnant or lactating women. Compatibility with barrier methods of contraception has not been demonstrated. Seek medical advice if symptoms worsen or do not improve within 7 days. Although uncommon, local burning or itching may occur. **For external use only. Legal category:** P. **Cost inclusive of VAT:** £3.89 **Product licence number:** PL 0036/0065 **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation** Jan 1997.

003264

STAFFORD-MILLER AND YOU – BUILDING BRAND LEADERS.

# Dual branding for Vantage


AAH Pharmaceuticals has launched two decongestants under the dual-branded name of Vantage and Galpseud.

Vantage Galpseud Nasal Decongestant tablets (24, rsp $2.99) contain pseudoephedrine 60mg. Vantage Galpseud Linctus (140ml, rsp $2.99) contains pseudoephedrine 30mg/5ml in a mentholated base.

Both come in outers of 12 with a trade price of $16.80 and a POR of 50.4 per cent. Until the end of March, Vantage will also be running a 'buy three, get one free' offer on these via a special order form from AAH Pharmaceuticals.

In addition, Vantage paracetamol tablets 500mg have been launched in 100-tablet foil packs (rsp $1.15), with a special offer running until the end of March.

● Vantage has revamped its POS range to create a more modern, user-friendly image. Shelf talkers will communicate top offers of the month.

**AAH Pharmaceuticals Ltd.**
**Tel: 01928 717070.**

# New line pending from Efamol

Efamol is shortly to launch Efanatal, a new food supplement for pregnant and lactating mothers.

Available in March, the formulation is rich in long chain polyunsaturated acids, which recent research has shown are important in the development of a baby's eye and brain functions. It also contains the antioxidant vitamin E and evening primrose oil.

The launch will be supported with advertising in the parenting press.

**Zyma Healthcare.**
**Tel: 01306 742800.**

## Family favourite

**Mr Men are the latest characters to feature on Kittensoft Fun Towels and Facial Tissues. Mr Men Fun Towels retail at £1.39-£1.49 and are in two-roll packs. Boxes of 100 two-ply Mr Men Facial Tissues retail at £1.19.**

**Jamont UK.**
**Tel: 01656 684500.**

## Skin care correction

**The LdeL Retinol Vitamin A skin care range, referred to in the Skin Care feature (*C&D* February 8, page 22) is produced by Wilson Marketing Enterprises in the US and distributed to retailers in the UK by:**

**Giorgio J UK Ltd. Tel: 0171 498 0207.**

# Healthcrafts' natural newcomers

**Ferrosan Healthcare is adding three products to its Healthcrafts range from March 1.**

**They include High Strength Ginkgo Biloba, which is a strong antioxidant. This natural herb is known for its beneficial properties in helping the circulatory system. Each one a day tablet contains 120mg of 24 per cent standardised ginkgo extract (rsp £10.99 for 30 tablets).**

**Men's Formula is a one a day capsule for males in their mid to late years (rsp £7.99 for 30). It contains saw palmetto extract, which may help to maintain a normal healthy prostate.**

**High Strength Milk Thistle is a one a day capsule which retails at £7.99 for 30. Its active ingredient, silymarin, helps to maintain proper liver function and has antioxidant properties.**

**Ferrosan Healthcare Ltd.**
**Tel: 01932 336366.**

# Canesten Combi consumer campaign

Bayer is backing its Canesten Combi thrush treatment with $4 million of support this year.

Currently on air, a nationwide TV campaign will run through until the end of March. Further bursts are planned for later this year.

A press campaign will target women's consumer titles to position the product as the complete thrush treatment for women of the 90s.

● Bayer now has a new dedicated pharmacy salesforce.

**Bayer plc.**
**Tel: 01635 563000.**


# Rhinolast blasts onto the market

Panpharma has entered the hayfever market with the launch of Rhinolast Hayfever.

The new hayfever nasal spray contains the antihistamine azelastine in an aqueous solution (0.14mg per actuation). Azelastine was previously available on Prescription only.

The adult dose is one spray into each nostril twice daily. It is not recommended for children.

Rhinolast Hayfever retails at $5.65 for a 5ml bottle with a metered pump device.

**Panpharma Ltd.**
**Tel: 01494 766866.**

# Boxing Clever with pills

A new collection of pillboxes is available from Able Living Centre.

The Pilbox range comprises three sizes. Pilbox Micro and Mini both have sliding push distribution (rsp $7.99, $11.09 respectively).

The Pilbox Classic features push button distribution. The day and time stays clearly visible during both filling and distribution (rsp $18.64).

**Able Living Centre Ltd.**
**Tel: 01904 611516.**

# ON TV NEXT WEEK

**Aquafresh Whitening:** U

**Advil:** C4, BSkyB

**Benylin Cough:** All areas

**Canesten:** C4, BSkyB

**Day & Night Nurse:** All areas

**Head & Shoulders:** All areas

**Ibuleve:** C4

**Johnson's Baby Breatheasy Bath:** All areas

**Karvol:** All areas

**L'Oréal Elvive Revitalising shampoo:** All areas

**L'Oréal Excellence Creme:** All areas

**L'Oréal Revitalife Eyes:** All areas

**L'Oréal Voluminous mascara:** All areas

**Movelat Relief:** B, G, Y, C, HTV, M, LWT, TT, C4

**Mu-Cron:** CAR, GMTV

**Nurofen Cold & Flu:** All areas

**Panadol Extra:** U

**Panadol Night:** All areas

**Pantene:** All areas except GMTV

**Regaine:** A, M, LWT, C4

**Solpaflex:** All areas except U

**Strepsils Dual Action:** All areas

**Synergie (Vitamin Radiance):** All areas

**Toepedo:** B, G

**Wash & Go:** All areas

**Wella Experience:** All areas

**Wellaflex:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

# TREAT COLD SORES AT FACE VALUE


# Herpetad

## Cold Sore Cream

## ACICLOVIR CREAM 5% w/w

## A cost effective alternative Aciclovir Cream

- Proven efficacy at a reduced price
- Attractive retail profit margin
- Full range of eye-catching in store consumer POS material
- Major Consumer Campaign

lease contact your Windsor Healthcare Territory Manager for full details and introductory offer
r telephone the **Herpetad Hotline 01344 484448.**

**Windsor Healthcare Ltd.,** Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS

**oduct Information, Presentation:** Herpetad Cold Sore Cream containing aciclovir 5% w/w. **Indication:** recurrent herpes labialis. **dministration:** five times a day (every four hours), normally for 5 days. Discontinue if there is deterioration or after 10 days if there is no clinical nefit. **Contraindications:** hypersensitivity to any constituent or to polyoxyethylene fatty acid esters. Not to be used on mucous membranes. verely immunocompromised patients should consult their physician before use. **Pregnancy and lactation:** systemic absorption is minimal, so effects are expected. **Side effects:** Transient burning and itching; occasionally erythema, dryness, pruritis and desquamation; rarely contact rmatitis. **Product Licence Holder:** Tad Pharmazeutisches Werk GmbH, Germany. PL 04986/0007. **Distributed in the UK** by Windsor althcare Ltd., Bracknell, Berks RG12 8YS. **Legal Category:** P. **RSP:** 2g £4.69. **Prepared** January 1997.

# The strength o

## A MEMBER OF TI

**RHINOLAST HAYFEVER NASAL SPRAY**
**Abbreviated Product Information**
**Presentation:** Nasal spray containing aqueous solution 0.14 mg Azelastine hydrochloride per actuation. **Uses:** Seasonal allergic rhinitis including hayfever. **Dosage and administration:** Adults: One 0.14 mg (0.14 ml) spray into each nostril twice daily. Children: Insufficient clinical data to recommend use. **Contra-indications:** Proven allergy to components. **Use in pregnancy and lactation:** Experience of use in pregnancy is limited. With the nasal route of administration and the low dose administered, minimal systemic exposure can be expected. However caution should be exercised with use during pregnancy and lactation. **Side Effects:** Irritation of the nasal mucosa. Azelastine has a bitter taste which may be experienced if Rhinolast Hayfever enters the oropharynx. **Pharmaceutical Precautions:** Store above 8°C. **Legal category:** P. **Product Licence Holder:** ASTA Medica Limited, 168 Cowley Road, Cambridge CB4 0DL. PL8436/0060. **Distributed by:** Panpharma Limited, Panpharma House, Repton Place, White Lion Road, Little Chalfont, Amersham, Buckinghamshire HP7 9LP. **Package quantities and price:** Trade price £3.22, RSP £5.65 for 5ml bottle with metered pump device. For further information please contact Panpharma Limited, Repton Place, Amersham HP7 9LP.

**Movelat Relief**
**Abbreviated Product Information**
**Presentation:** Movelat Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Movelat Movelat Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. **Precautions:** For external use only. Not to be used during the first trimester or during late pregnancy. **Side-effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Legal Category:** P. **Pack Details:** Movelat/Movelat Relief Cream (PL 8265/0008) Movelat Movelat Relief Gel (PL 8265/0009). Trade Price: £1.11 per 100g tube, £2.51 per 40g tube. Retail Price: £7.30 per 100g tube, £3.40 per 40g tube. Full product information is available on request from the **Product licence Holder:** Panpharma Limited, Repton Place, Amersham HP7 9LP.

**Propain Tablets**
**Abbreviated Product Information**
**Presentation:** Yellow compressed tablets with a scored bisect line on one side, each containing: paracetamol BP 100mg, codeine phosphate BP 10mg, diphenhydramine hydrochloride BP 5mg, caffeine BP 50mg.
**Indications:** Treatment of migraine, headache, muscular pain, period pain and toothache. Also for the symptomatic relief of influenza, feverishness and colds.
**Dosage:** Adults, the elderly and children over 12 years of age: 1 to 2 tablets every four hours up to a maximum of 10 tablets in 24 hours.
**Contra-indications:** Propain is contra-indicated in patients with known hepatic or renal impairment and during pregnancy or lactation.
**Warnings:** Propain may cause drowsiness and affected individuals should not drive or operate machinery. **Precautions:** The effect of alcohol and other sedatives may be potentiated. Excessive intake of caffeine-containing drinks should be avoided.
**Legal Category:** P.
**Pack Details:** Propain tablets (PL 0542/0015R) Trade prices: 12 tablets £1.01 (RSP £1.75), 24 tablets £1.76 (RSP £3.09), 100 tablets £5.67 (RSP £9.99). **Product Licence Holder:** Farillon Ltd, Romford RM3 8UF. Full product information is available from: Panpharma Limited, Repton Place, Amersham HP7 9LP.
Date of preparation: January 1997

P medicines are one of our strengths and they safeguard your business. Moreover our leading brands, together with innovations such as COUNTERTALK, help to maximise your profits.

Panpharma is committed to further expanding its range of branded 'pharmacy only' medicines. The 97 launch of Rhinolast Hayfever is the latest exciting development to help you find new markets and secure new customers.

panpharma

SANKYO

For further information on Panpharma products & Countertalk telephone: (01494) 766 866. email: panpharma@compuserve106000,2160

## Your Profitable

# Panpharma

SANKYO GROUP

## *New this season*

Ready to relieve the symptoms of hayfever within 15 minutes.

**Rhinolast® HAYFEVER**

## *£2.5 million promotional campaign*

Relieves common arthritic pain, rheumatic and muscular pain.

**Movelat® Relief**

## *New 24 pack*


Fast strong pain relief for migraine.

artner in P medicines

# Colgate creates a Sensation

Colgate-Palmolive is launching a new toothpaste and toothbrush, the Colgate Sensation range, to replace Colgate Bicarbonate of Soda toothpaste.

The toothpaste, Colgate Sensation Deep Clean, combines bicarbonate of soda with fluoride and has a distinctive taste.

The Colgate Sensation toothbrush has a curved handle with grips and a 'tooth-shaped' head.

The company is spending $3.6 million on the launch, which includes TV advertising. The launch date is February 17.


Colgate Sensation Deep Clean toothpaste is available in 50ml, 100ml, and 100ml pump packs. Respective prices are $1.09, $1.89 and $2.25.

The toothbrush will be launched in standard medium, compact medium and compact soft variants. All types will retail for $2.29.

**Colgate-Palmolive Ltd.**
**Tel: 01483 302222.**

# Power surge lights up Philips

**Philips is launching a new long-lasting battery, known as Powerlife.**

**This lead-free cell battery is designed to have up to twice the life of conventional alkaline products. Its performance is due to high-grade graphite, which lowers internal resistance to electrical currents and allows them to pass through the battery more efficiently.**

**The product is available in LR6 (AA) or LR03 (AAA) sizes. It is suitable for appliances such as travel shavers which drain batteries quickly.**

**Philips Lighting.**
**Tel: 0181 665 6655.**

# Energy in a can from Japan

Lipovitan, the Japanese energy drink, is now available in the UK from Chemist Brokers.

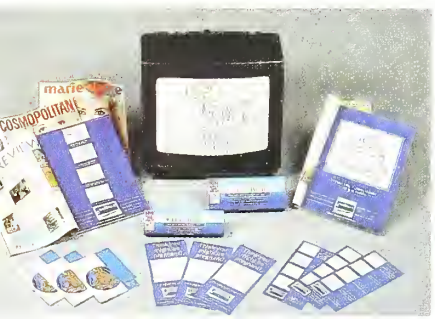
Manufactured by Taisho Pharmaceuticals, Lipovitan sells 1 billion units a year in Japan, where distribution is restricted to the pharmaceutical trade.

The product contains B1, B2 and B6 vitamins, plus Royal Jelly extract (rsp $0.99 for a 250ml can).

It will be supported by a $2 million advertising and promotional support programme. A television, poster, radio and London Underground campaign will break in June.

**Chemist Brokers.**
**Tel: 01705 219900.**

# Cartoon time for New Clearblue




For the first time, Unipath is using television to advertise its New Clearblue home pregnancy test.

The commercial is part of a $2.5 million support campaign for the brand.

Featuring two cartoon characters, Molly and Rose, the 30- and 10-second ads are being screened to catch women in the target market of 18-39 years old.

"By dealing with the subject in a humorous way, empathy and involvement are generated, even among women not directly involved in the market at the time," says Jane Machin, brand manager for Clearblue.

**Unipath Ltd.**
**Tel: 01234 835146.**

# Seasonal offering

**For the spring season an in-pack promotion will be available on the Calypso body care range. Consumers will be offered a free carved bead hair accessory in every promotional pack of Calypso body, toning and shower sponges.**

**Spontex Ltd.**
**Tel: 01792 475544.**

# On the move

**Solgar Vitamins has a new address: Aldbury, Tring, Hertfordshire HP23 5PT. The new fax number is 01442 890366.**

**Solgar Vitamins Ltd.**
**Tel: 01442 890355.**

# Showing off a ladder-free leg

Bonito Forever Nylons is a new solution designed to help eliminate ladders in stockings and tights.

It is formulated to coat hosiery with a mixture of acrylic polymers which provide a protective film over the individual fibres.

Retail price is $12.95 for a 150ml bottle – enough to treat up to 50 pairs of tights.

A 12-bottle counter display unit and an in-store video are available for pharmacies.

**Bonito Care Products Ltd.**
**Tel: 0181 347 3000.**


**REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)**

*Fill in your name (as you wish it to appear on the CiCPM.)*

Forename .....
*(all other initials as registered with the RPSGB or PSNI)* .....

Surname .....

Registration No: RPSGB.....

PSNI:.....

Pharmacy address.....

.....

.....

County..... Postcode .....

Tel no.....

Fax number .....

E Mail.....

I enclose a cheque to Miller Freeman:-

CICPM part 1 $117.50 (inc VAT) .... ($ . )

CICPM part 2 $235.00 (inc VAT) .... ($ . )

CICPM parts 1&2 $323.13 (inc VAT) ($ . )

Total ..... ($ . )

Send cheques and forms to Sue Cheeseman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422).

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### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

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# EPIC reasons for having another association

**Employee Pharmacists in the Community is a new association to be launched next month. Bob Gartside, chairman of EPIC's steering committee, sets out some reasons why employees should be there**


**Cause for concern: many pharmacies are now managed by counter staff, with locums giving no continuity**

One thing pharmacy has never been short of is organisations. From the RPSGB through to the NPA, the YPG, the Guild, NAWP, PSNC, IMPI and the College of Pharmacy Practice there are enough to satisfy the most clubbable of joiners. Why could we ever need yet another?

The answer is straightforward. None looks after the interests of community pharmacists as employees. No one makes even a pretence of helping employed community pharmacists.

All of the people concerned with the direction of community pharmacy think and act as though it were still the exclusive preserve of the single-handed proprietor practitioner.

The past decade has seen a swing to multiple ownership, yet this has been virtually without comment, and has certainly seen no changes in pharmacists' representative organisations. Strange, since there are now more employees than self-employed pharmacists in the community.

If there is a need for an employees' organisation, what could we expect it to achieve, or rather, what should it try to achieve? The one cry of organised labour has always been 'shorter hours and better pay' and it is difficult to improve on that!

What has been surprising, in the consultations to set up EPIC, is the degree of professional concern among employee community pharmacists. For every tale of appalling hours and minimalist pay there have been ten of pharmacists forced against their judgment to perform actions they feel are unprofessional.

The main concern within the employee body is that pharmacists are not being allowed professional freedom. They are being compelled, in some cases, to carry out actions which could result in their being struck from the Register.

This has to stop. Professional freedom in professional matters is not negotiable, and EPIC will help to ensure that pharmacists are protected in this area.

The biggest concern is the increasing number of pharmacies which are effectively managed by counter staff, with a procession of daily locums giving no pharmaceutical continuity.

There is no regular pharmacist in charge. Their pharmaceutical affairs are managed – if at all – by a superintendent, who may have anything from five to 900 branches under his supervision.

Continuity in the management of a pharmacy is essential, and EPIC will work at all levels to ensure that every pharmacy has a designated managing pharmacist who is in personal control for at least three days a week.

Working hours is another area where employee pharmacists have great difficulty. Ten hours a day without breaks for five or even six days a week is not at all uncommon.

Hours of this kind are a public danger. They are almost designed to produce dispensing errors, as well as being detrimental to the health of the worker.

We must act strongly to ensure that employees who wish to work reasonable hours are not forced into longer hours. Hospital pharmacists work a 35-hour week, and there seems no clear reason why pharmacists in the community should be expected to work longer.

Similarly, hospital pharmacists are supported by well qualified staff. It is surely not asking too much for support staff in the community to be qualified to similar standards.

Health authorities should require the same basic qualifications throughout their operations for the same jobs. EPIC will work with the NHS management to ensure this. A consequence of such an approach could be the employment of pharmacists by all dispensing doctors.

This will all result in increasing employment for pharmacists. It will be argued that there is presently a shortage of pharmacists, so these aims are unrealistic. There is certainly a shortage prepared to work in the community, but there are many who have chosen not to practise their profession because the rewards are hopelessly insufficient.

The remedy is obvious, if difficult. Since the proportion of total NHS spending devoted to the operating costs (as opposed to the drugs costs) of the community pharmacy services has fallen from about 4 per cent to about 1.5 per cent today*, there should be ample funding to end the current shortage of pharmacists.

Let us see what we can do to help ourselves. We now need employee pharmacists to come to 1 Lambeth High Street at 2.00pm on March 16 to launch EPIC. Don't stay at home and then expect to be able to grouse next time your company insists that you do something that you know deep down is just not right!

** In 1950, the 'Drugs Bill' was 10 per cent of total NHS spending and community pharmacists' margin was 40 per cent, giving them 4 per cent of total NHS spending. Today, the 'Drugs Bill' is 9 per cent of total NHS spending and community pharmacists' margin is 16 per cent, giving them 1.5 per cent of total NHS spending.*

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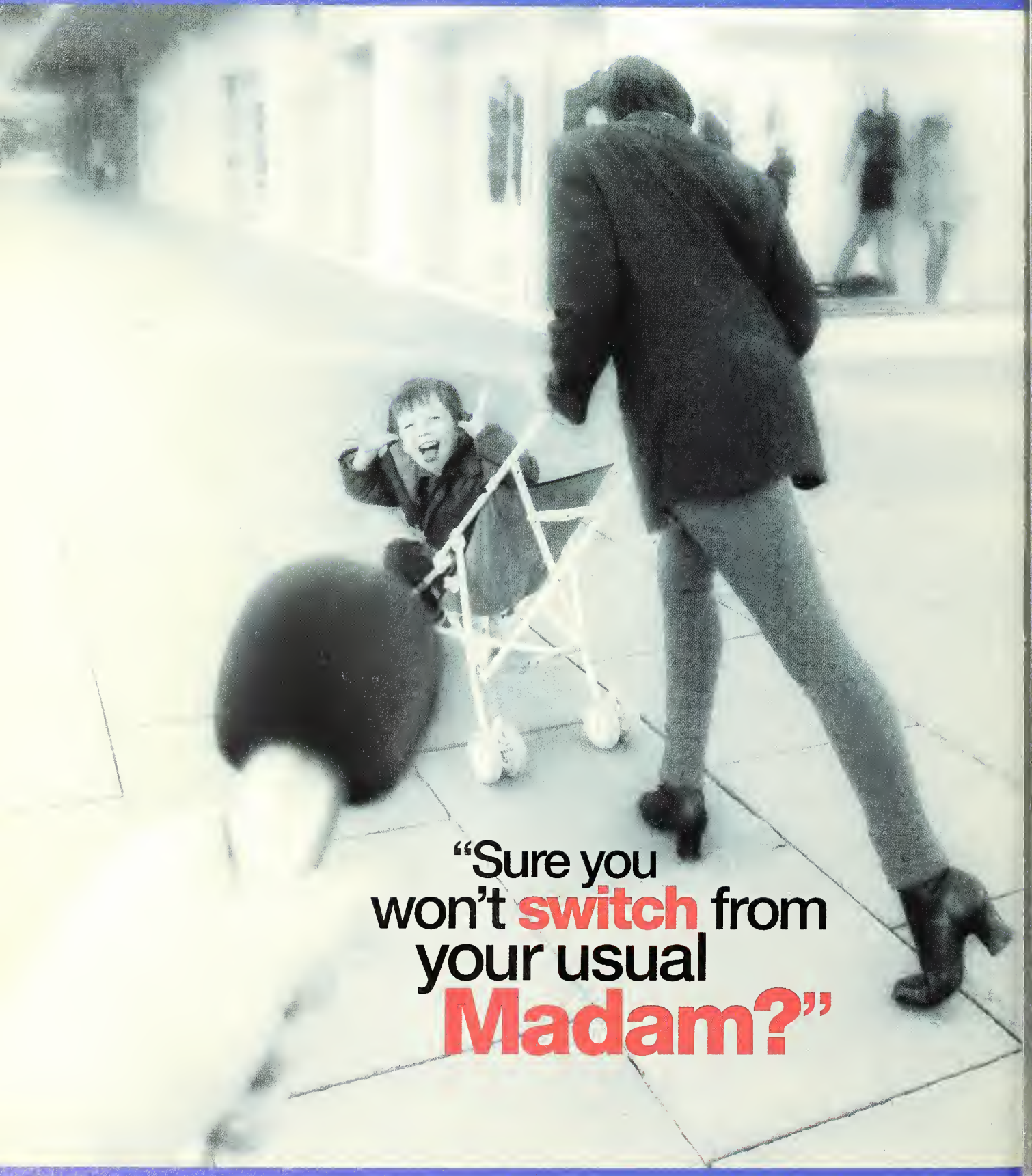

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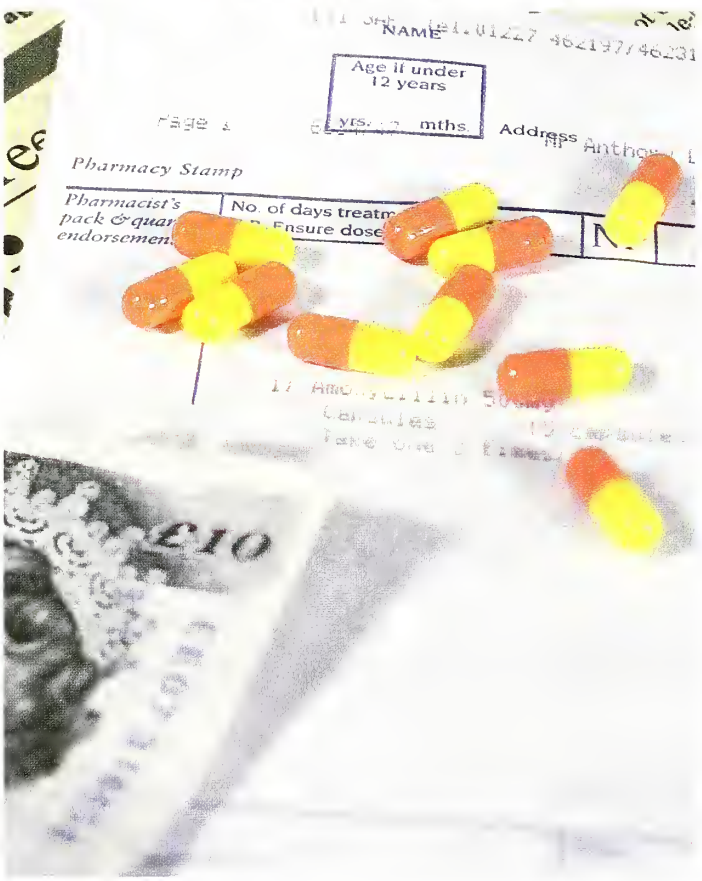
# PHARMACY update



# Error terror

**Dispensing errors are dreaded by every pharmacist, but avoiding them completely is not so easy. Ruth Rodgers, an independent pharmaceutical consultant formerly of the Royal Pharmaceutical Society, looks at the commonly-occurring errors and possible steps to rectify the situation**




If 'to err is human', it follows that pharmacists will make errors in the dispensing process. Many of these will be picked up before they ever reach the patient, but mistakes can slip through the system – a scenario that is dreaded by all pharmacists.

## Definition

For this article, dispensing errors are taken to be those which occur at any stage during the dispensing process. This includes everything from the receipt of a prescription in the pharmacy through to the supply of the dispensed product to the patient. It does not, however, deal with prescribing errors or errors of administration by the patient following counselling.

## Consequences

It is easy to imagine the worst outcome. Failure to take the correctly prescribed medication in the manner intended can result in the patient's death. Even if death does not occur, the patient could suffer permanent harm. The pharmacist may be left facing legal action and possible removal from the Society's Register. With negligence claims being settled in such figures as the £300,000 awarded in 1992 to a patient who suffered permanent brain damage after taking chlorpropamide dispensed in error for chlorpromazine, the need for professional liability insurance is clear.

Most dispensing errors do not, however, reach this stage. Prompt action by the pharmacist can rectify the mistake before any harm is done and even leave the patient impressed with the pharmacist's honesty and professionalism.

## Error types

Errors can creep in at every stage of the dispensing process. It is important to recognise these and their possible causes, as this will enable good dispensing procedures to be developed. Although not a professional requirement, it is good practice to have a written dispensary procedure (see Box 2). This should be subject to regular audit to ensure that an efficient service is being provided.

**Labels** The use of computerised labelling has led to transposition of labels and typing errors being among the commonest causes of dispensing error. In either case, fault lies with the operator and the procedures employed, rather than with the computer. It is common practice to prepare labels for a number of prescriptions before assembling the medication; as well as the possibility of labels being placed on the wrong items, the previous patient's name could well be carried over for the next prescription.

A further cause of error is the use of codes for individual lines. Unless checked on the computer screen, it is all too easy for a small error to lead to a completely wrong drug name, strength or dosage instruction appearing on the final label.

**Wrong strength/product**

- Selecting the wrong product from the dispensary fixtures may be caused by two or more products having similar names, eg carbamazepine/carbimazole [*a list of commonly confused drug names is available from the National Pharmaceutical Association*], or a mental block causing a mix-up between particular products.
- Corporate packaging, giving all the products in a range a similar appearance, can lead to the *wrong* strength of the *correct* product being selected. It may be good practice to physically separate the products giving rise to concern.
- The inability to decipher the prescriber's handwriting is commonly identified as a source of error. If, in addition, the pharmacist (or dispensing assistant) is unfamiliar with the items, it is all too easy to guess at what is intended. The remedy is obvious; where there is doubt – and recourse to the patient or patient

*Continued on FII* ▶

**Box 1: dealing with complaints/rectifying errors**

1 assess the facts – refer to reference books, consider contacting the manufacturer
2 contact the patient
3 apologise – find out whether any of the medication has been taken
4 contact the prescriber for advice if it has
5 ensure the patient receives the correct medication without delay – it may be necessary to close the shop
6 notify insurers within three days if there is any possibility of a negligence claim

**Box 2: good dispensing procedures**

1 reception – check name and address, issue docket
2 review medication, refer to PMR if available and check any queries
3 prepare labels
4 select items from fixture, repackage where necessary, and label
5 issue owing slip for any shortages
6 check all items against original prescription and stock containers
7 initial dispensing label, if space available
8 endorse prescription
9 bag up items and label bag
10 handing out – check address, offer to counsel/give advice

◀ *Continued from P1*

medication records fails to clarify the matter – the prescriber may be contacted.

- Pre-preparing labels and dispensing from these rather than referring to the original prescription only serves to perpetuate the labelling errors described above.

**Quantity** The quantity of medication supplied is often a cause for complaint by patients. Although an error in counting can occur, more often this is found to be due to the supply of calendar packs or special containers. The error is that the pharmacist has failed to counsel the patient adequately about the quantity supplied at the time of dispensing. The patient is unlikely to suffer direct harm from this, unless it results in failure to receive medication if supplies run out earlier than expected.

**Out of date** It is a professional requirement that dispensed products will still be in date at the end of the treatment period. When dealing with such complaints, the pharmacist should remember that patients are often convinced that date-expired medicines will cause harm. Even though the pharmacist will be aware that a day or two over will not be significant, it is often difficult to persuade the customer of this. Better by far to have good housekeeping procedures in place and date check every item at the time of dispensing.

**Handing out errors** It is surprisingly easy to give medicines to the wrong patient. Having been kept waiting in the doctor's surgery, patients are often eager to get home. They believe that they have been waiting long enough, and may then mishear and answer to another patient's name. It is easy to prevent such errors by introducing a docket system, or getting positive identification, such as asking for a patient's address rather than asking for confirmation of a given address.

## Causes of error

These are many and varied. Some have already been touched on when dealing with the type of error.

Poor dispensing procedure with inadequate checking can be blamed for many of the types of error indicated above. Other contributory factors include the layout of the dispensary, environmental factors, such as poor lighting and high noise levels, workload, interruptions and hurried customers.

**Unreasonable workloads** are often cited as the cause of error. Although there is little research to confirm this, common sense suggests that fewer dispensary errors will be picked up if insufficient time is available to perform an adequate check.

**Poor dispensing procedure,** with the pharmacist working on more than one prescription at a time, little bench space and a cluttered dispensary, is a recipe for error. Interruptions (by staff working on the medicines counter, customers with prescriptions or the telephone) can all create distractions and cause a lapse in concentration. If the pharmacist is also unable to take breaks, such as for coffee or lunch, during a long working day, it is no wonder that the system can break down.

**Inadequate housekeeping standards** result in products being difficult to find and out of date products remaining on shelves.

**Failure to keep abreast of pharmaceutical knowledge** has also been the cause of error, with the pharmacist guessing at the identity of an unfamiliar product name, blaming the prescriber's handwriting and seeking to assign it to a known product.

**Self-checking** is always difficult. It is often not possible to separate oneself from the original interpretation, and so the pharmacist reads on the prescription what he is expecting and not always what is actually written. If experienced dispensary staff are available, it makes sense to delegate the actual dispensing process so that the check is done with a fresh pair of eyes. Where this is impossible, an attempt should be made to separate the acts of dispensing and checking, perhaps by placing the completed items in a quarantine area and coming back to them to check at some later stage.

## Rectifying mistakes

Whatever the cause of an error, it is perhaps more important, as far as the patient is concerned, to correct it and, as far as possible, introduce systems so that it will not be repeated. Cases relating to dispensing errors rarely result in a complaint to the Statutory Committee (only 14 cases from 1936-1990 and only 37 instances of dispensing/-labelling errors reported in the Society's Annual Reports for 1994 and 1995).

In those that do, the error is usually only part of the complaint. In one case, where an error was thought to be due in part to poor dispensary standards, the pharmacist had asked the customer to return to the pharmacy for her medication to be checked, even though two temazepam dispensed in error for trimethoprim had already been taken. The pharmacist then tried to hide the fact that an error had occurred. Another case involved Diprosalic Ointment, labelled with the instruction 'Insert in the left eye when the cough becomes troublesome', although the complaint related to the proprietor's inability to identify the pharmacist responsible.

Despite all efforts taken to prevent them, it is important to recognise that errors will still occur and to remain alert for that eventuality. Any dispensing error must be treated as a priority and immediate action taken to rectify the situation. The patient may be distressed by the information, resulting in irrational behaviour, but armed with facts about the products concerned, the pharmacist can assess the likelihood of harm and be in a position to offer reassurance.

The doctor should be contacted if the medication has been used and given the facts of the error before the correct supply is made. If possible, the dispensed item should be retrieved, a record kept of the event and any actions subsequently taken to prevent, as far as possible, a recurrence. (Note that NHS dispensing pharmacies must also have a protocol in place for dealing with complaints.)

**Box 3: common dispensing errors**

- transposition of labels
- wrong strength/dose
- wrong product
- incorrect quantity
- out of date
- wrong patient

**Box 4: cause of errors**

- stress/unreasonable workload
- poor procedures
- dispensary layout
- illegible prescriptions
- inadequate knowledge
- environmental factors

## Conclusion

Human error is inescapable as a cause of dispensing error. However, knowledge of the types of error and possible causes can enable working systems and dispensary procedures to be developed to eliminate their occurrence. A practical dispensary layout and a sensible flow of work through the dispensary minimises confusion. Providing advice or counselling when dispensing items are handed out gives the pharmacist a final opportunity to catch any error. Indeed, one US hospital pharmacy reported that 89 per cent of dispensing errors were discovered this way and corrected.

Each pharmacist will have their own way of working, but none will remove the need to check, double check and check again before medication is handed to the patient.

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Reference
1 IMS Medical Data Index Q3, 1995

Date of preparation December 1995
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# One too many

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 44), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 8, PROVIDES 1 HOUR OF CONTINUING EDUCATION


## OBJECTIVES

- To be familiar with alcohol consumption patterns and safe drinking limits
- To distinguish between the different terms for alcoholism
- To be aware of the factors behind problem drinking
- To recognise the effects of abuse on physiological systems
- To be aware of how abuse is managed

**Alcohol abuse can have devastating effects on health, family and work. Dr Janie Sheridan, research pharmacist at the National Addiction Centre, and Dr Paramabandhu Groves, senior registrar in psychiatry at the Maudsley Hospital, investigate the problem**

Drinking is a popular leisure activity primarily for its effects on the central nervous system. This varies with the amount of alcohol drunk. The depressant effect on the central nervous system initially causes people to be less inhibited. Judgment and attention will also be affected making activities such as driving difficult to undertake competently and safely.

Larger amounts of alcohol will cause other effects, such as sedation, interference with temperature control mechanisms and impairment of speech, along with the other senses. Loss of consciousness occurs at blood levels of 3-4g/litre.

## Consumption

The quantity of alcohol consumed among the UK population doubled between 1950 and the mid-1980s and has remained at about the same level since then.

Population consumption is affected by price of alcohol, availability and cultural mores. Those with cheap or easily available alcohol, unsocial working hours and unsupervised work are more prone to problem drinking. These include publicans, doctors, journalists and senior businessmen. More recently, the 'designer', more palatable, drinks have found favour with 13-16-year-olds.

Although drinking low levels of alcohol may protect older men and post-menopausal women from coronary heart disease, this does not mean consumption of alcohol should be actively encouraged.

## Safe drinking limit

It is the *amount* of alcohol and not the *type* consumed that should be taken into consideration – spirits are wrongly considered more harmful.

Sensible drinking limits have historically been quoted by the medical profession in units of alcohol, with limits set for weekly consumption – 21 units per week for men, 14 for women (*see Box 1 for units of alcoholic drinks*).

More recently, the Department of Health has produced guidelines for daily consumption: 3-4 units per day for men and up to 2-3 units per day for women. However, consistently drinking these daily units harms health and there has been much debate about the new benchmarks as they appear to imply a rise in the sensible drinking limits. Many practitioners still prefer to use the weekly limits of 14 and 21 for women and men respectively.

## Alcoholism

Alcoholism is an imprecise term and the following terms are more accurate.

- **Alcohol abuse:** consumption is likely to cause physical or mental damage in the future and may be already causing damage.
- **Alcohol-related problems:** physical, psychological or social problems brought about through the use of alcohol.
- **Alcohol dependence:** strong physiological and psychological desire to drink alcohol which takes precedence over all other activities. A withdrawal state or relief drinking may be experienced.

As people often tend to hide their drinking, identification is often by screening. Many drinkers believe that an increased tolerance to the effects of alcohol means that they can 'handle drinking'. A positive answer to two or more of the following screening questionnaire (CAGE) is highly suggestive of problem drinking.

1 Have you ever thought you ought to **Cut** down on your drinking?
2 Have people **Annoyed** you by criticising your drinking?
3 Have you ever felt **Guilty** about your drinking?
4 Have you ever had a drink first thing in the morning (**Eye-opener**) to steady your nerves or get rid of a hangover?

## Incidence

About 23 per cent of men and 6 per cent of women in England report drinking more

*Continued on PVI*

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Although drinking is a popular social activity, excessive consumption brings with it social problems

◀ *Continued from PIV*

than the recommended weekly limit. About 7 per cent of men and 2 per cent of women are likely to be drinking excessively with complications and around the same number are alcohol dependent.

Someone can have an alcohol-related problem, such as missing work due to heavy weekend drinking, without necessarily being dependent on alcohol.

## Reasons for problems

There are a number of factors associated with problem drinking.

**Genetic factors** studies of alcoholism in family, twin and adoption studies suggest that the odds of alcohol dependence is increased by about:

- 45 per cent if a second or third degree relative is affected
- 90 per cent if a first degree relative is affected
- over 150 per cent if a first and second degree relative are affected.

**Biological factors** these are related to enzyme activity; those with a low activity acetaldehyde dehydrogenase isoenzyme develop an unpleasant flushing reaction when they consume alcohol. This is rare in Caucasians, but present in about a quarter of Japanese.

**Psychological factors** parental attitudes and peer pressure may influence adolescents' attitudes to alcohol. Personality factors, such as impulsiveness and sensation-seeking, may predispose to alcoholism. Boys with aggressive and anti-social behaviour are at increased risk of alcoholism later in life. In some individuals, problem drinking may be secondary to a depressive disorder or an anxiety disorder, including social phobia.

Once drinking has become established, alcohol may be used to cope with increasingly varied situations: boredom, depression, anxiety and frustration, as well as celebrations and interpersonal conflict.

## Consequences

- **Physiological**

An individual who continues to drink heavily is likely to die about 15 years earlier than the general population, with the main causes being heart disease, cancer, accidents and suicide. Problems relating directly to intoxication include trauma, especially head injury and amnesia or blackouts.

Intoxication is also a significant factor in violent crimes, road traffic accidents, accidents in the home and may seriously disrupt family and social life.

**Liver problems** these include alcoholic hepatitis, hepatome and cirrhosis, the latter being irreversible, although cessation of drinking will slow down the progression of the disease.

There is a correlation between per capita consumption in a nation and death rates from cirrhosis. There is also a correlation between changes in consumption and changes in cirrhosis mortality.

**Gastro-intestinal problems** these include gastritis, peptic ulcer, oesophagitis and oesophageal varices, acute and chronic pancreatic and carcinoma of the mouth, tongue, larynx, pharynx and oesophagus.

**Cardiovascular problems** hypertension is a relatively early complication of problem drinking and is an important cause in younger men. Alcohol consumption should always be considered in the management of the hypertension. Coronary heart disease may result from a high alcohol intake. However, a low intake of about one unit a day appears to be cardioprotective. Other complications include cerebrovascular accidents, especially in younger male binge drinkers and cardiomyopathy.

**Haematological disorders** the two main disorders are anaemia from a deficiency of iron, folate or vitamin B12 and thrombocytopenia.

**Disorders of the nervous system** Wernicke-Korsakoff syndrome, which is related to thiamine (B1) deficiency, is characterised by clouding of consciousness, ocular signs, ataxia and peripheral neuropathy. Left untreated, this leads to Korsakoff's psychosis, which includes impaired short-term memory, amnesia and disorientation in time. Cognitive impairment may be minimal or marked in problem drinkers (alcoholic dementia). Female alcoholics are at greater risk. Epilepsy may be associated with withdrawal, trauma-induced brain damage or alcoholic dementia.

**Reproductive problems** there is a loss of libido and reduced sexual activity among heavy drinkers (men and women). Liver damage leads to anovulation and amenorrhoea among very heavy drinkers, who are, therefore, less likely to conceive. Drinking about six units/day or more is associated with impotence and male infertility (low sperm counts).

About a third of children born to women drinking 15 units a day develop foetal alcohol syndrome. The clinical features include facial abnormalities, low birth weight, small stature and low intelligence.

Moderate drinking is associated with increased risks of spontaneous abortions, stillbirths, congenital malformations and growth retardation. Evidence does not allow specifying a safe level, therefore pregnant

**Box 1: units of alcohol**

| Beverage | Quantity | Number of units |
|---|---|---|
| Beers and lagers | 1 pint | 2-3 |
| Wine | 125ml glass | 1-2 |
| Spirits | l/6th gill | 1 |
| Cider | 1 pint | 2-3 |
| Sherry/port | 1 glass | 1 |

**Withdrawal syndrome**
If someone is dependent on alcohol, abrupt cessation of drinking can lead to simple withdrawal syndrome. This begins from six hours after stopping drinking, peaks by 48 hours, and lasts up to one week. There may be nausea, vomiting, tremors, sweating, tachycardia and dread. There may also be seizures from 12-24 hours.

Delirium tremens occurs 1-5 days after cessation of drinking and consists of clouding of consciousness, disorientation, illusions and hallucinations (especially visual).

There is marked agitation and often fear, as well as autonomic disturbances, such as sweating, fever, tachycardia, dilated pupils and hypertension. Mortality is about 10 per cent.

women should be advised not to drink alcohol.

- **Psychological**

These include depressive symptoms (up to 70 per cent of heavy drinkers) and about 30 per cent have a secondary affective disorder. For about 90 per cent symptoms remit within three weeks of abstinence.

Up to 15 per cent of alcoholics end their lives by suicide and more than a third of individuals who commit non-fatal deliberate self-harm have alcohol in their blood.

Up to a third of young women with drinking problems may have an eating disorder. Heavy drinkers may concomitantly abuse other drugs, especially minor tranquillisers.

Heavy drinking can give rise to phobic symptoms and may also be used to self-medicate for anxiety symptoms. Alcoholic hallucinosis may last weeks or months, but may disappear on stopping alcohol and re-appear if drinking starts again.

- **Social**

Heavy drinking is associated with increased physical and sexual abuse. Children have an increased risk of conduct disorder and delinquency.

**Box 2: key elements of brief interventions**

- advice about the hazards of alcohol, including safe limits
- personalising the health effects, eg linking symptoms of gastritis or the results of a blood test to alcohol consumption
- ways to cut down or stop, eg drinking low-alcohol beverages, alternating with soft drinks, having a drink-free day
- reading materials on alcohol

Employment is affected by lack of punctuality and morbidity – around 8 million working days are lost each year through drink-related absenteeism.

There is an association between crime and drinking. Drink/driving accidents account for about a sixth of all road deaths.

## Management

Early intervention is essential as the majority of problem drinkers do not come into contact with specialist alcohol treatment services. However, excessive drinking may be successfully reduced with brief interventions (Box 2).

This can lead to a reduction in consumption by about 25-35 per cent and a reduction in proportion of excessive drinkers of around 45 per cent. Such interventions may be carried out effectively in primary care and therefore there is a role for the community pharmacist.

Specialist treatment services include community alcohol teams, in-patient alcohol units and residential therapeutic communities. Non-statutory services also include alcohol counselling agencies. About 5-10 per cent of those referred will take up Alcoholics Anonymous

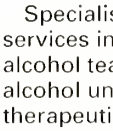
## Psychological therapy

The short-term focus should be on ameliorating the drinking behaviour, but in the long-term wider issues need to be considered. The reasons behind their drinking should be established and rectified.

Some people may be able to return to a level of social drinking that does not incur harm, but for others complete abstinence is the answer. Controlled drinking may be considered if the individual:

- is not dependent on alcohol
- is younger
- has not incurred alcohol-related physical damage.

Nevertheless, it is usually useful to have a drink-free period before attempting to establish a more controlled form of drinking.



## Drug therapy

Drug therapy is two-fold, tackling withdrawal as well as maintenance of abstinence.

**Withdrawal** drugs used for detoxification include chlordiazepoxide, diazepam and chlormethiazole. Chlormethiazole is associated with fatal respiratory depression if taken with alcohol and so may be less suitable, especially for outpatient detoxification. The dose should be titrated against withdrawal symptoms and the dose reduced over 3-5 days. Drugs may not be needed for milder dependency.

Thiamine may be given if there is confusion, ataxia (if not due to intoxication) or opthalmoplegia.

There appears to be no research to show the benefit of routinely giving thiamine, but it is common practice especially in poor nutrition.

The treatment of choice for withdrawal seizures is benzodiazepines such as diazepam. Phenytoin is sometimes used as prophylaxis if there is a history of fits.

Detoxification may be given as an outpatient if the drinker has supportive social conditions, including a carer who can supervise the medication. Ideally, the medication should only be given to the patient one day at a time with regular checking of the patient's physical state by a general practitioner or nurse. During detoxification, physical state, hydration and nutrition should be monitored.

**Maintenance** disulfiram interacts with alcohol to deter drinking. It blocks the oxidation of alcohol, leading to a build-up of acetaldehyde. which gives rise to flushing of the face, headache, choking sensations, tachycardia and anxiety. It is contra-indicated in ischaemic heart disease.

These drugs are most effective when they can be supervised by a spouse or other carer since they also interact with other drugs. They are best used in conjunction with psychological treatment.

## Interactions

A huge number of drugs interact with alcohol (ethyl alcohol), and these are summarised in the *BNF*. Any drug which depresses the central nervous system (eg benzodiazepines, opiates, barbiturates, sedating antihistamines) will interact with alcohol to produce adverse effects such as increased sedation. Such interactions may be fatal, as alcohol is metabolised by the cytochrome P450 system, and other drugs which compete may have their clearance slowed down.

Tolbutamide when taken with alcohol may produce a disulfiram-like reaction due to raised acetaldehyde levels.

**ACTION PLAN**

1 Try out the CAGE screening questionnaire where appropriate
2 Think about how you can help self-confessed problem drinkers. Record any interventions used from Box 2
3 For the next 20 patients who ask if they can take a particular medication with alcohol, note any potential interaction
4 Try to establish how many prescriptions or OTC sales of thiamine are related to an alcohol problem

## Pharmacy role

The community pharmacist may be involved in the detection, management and prevention of alcohol misuse. A brief intervention may be beneficial if one suspects or has been approached by a patient regarding problem drinking. The CAGE screening questionnaire could also be used by community pharmacists under the right circumstances.

Pharmacists can work as part of the multi-disciplinary team caring for the patient. They can monitor prescriptions for drug interactions and also be vigilant with purchases of OTC medicines containing small quantities of alcohol.

The community pharmacist is in a good position to educate patients (and relatives) about safe drinking limits, the effect of alcohol on health and possibly refer patients to their GPs or to self-help groups.

*References available on request.*

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.*

**RESOURCES**


***Alcohol Concern*** **0171 928 7377**
**Information service: can put in touch with local services**
***Drinkline*** **0345 320202**
**Telephone advice service**
***Alcoholics Anonymous***
**01904 644026**
**Support and group therapy for problem drinkers**
***Al-Anon*** **0171 403 0888**
**Support for family members and friends of problem drinkers**
***Al-a-teen*** **0171 403 0888**
**Support for children of problem drinkers**

# Cholesterol faces apathy


Cholesterol is a well established risk factor in coronary heart disease (CHD), yet prescribers and patients are apathetic about managing it.

Professor James Shepherd, a principal investigator in the West of Scotland Coronary Prevention Study, speaking at the launch of Lipitor (atorvastatin), highlighted a survey which questioned people's perception of their own health. It revealed that those most at risk of CHD were the least likely to make lifestyle sacrifices to maintain health.

Apathy in prescribers also meant underprescribing of lipid lowering drugs, even though their role in controlling cholesterol and reducing CHD is well documented.

Recent figures reveal that in the UK, only 2 per cent of people with cholesterol 5.0-6.5mmol/l are prescribed lipid lowering drugs (19 per cent in Italy; 9 per cent France; 5 per cent Germany). This rises to 16 per cent in cholesterol levels of 6.5-8.0mmol/l (72 per cent in Italy; 61 per cent France; 30 per cent Germany). Even at levels exceeding 8.0mmol/l, the UK treatment is limited to only half this group (91 per cent in Italy; 96 per cent France; 70 per cent Germany).

Where doctors are treating raised cholesterol, adequate therapy is still not being achieved, added Professor Shepherd. This is either because they are not treating to target (low density lipoprotein of 2-2.5mmol/l for those with a CHD history) or because the current cholesterol-lowering agents are not potent enough.

# Evidence for use of SSRIs in seasonal affective disorder

Evidence that drug therapy with a 5-HT re-uptake inhibitor may help people suffering from SAD – seasonal affective disorder – also suggests the cause may be a dysfunction of the neurotransmitter serotonin.

At an international consensus meeting in Norway, researchers presented the results of a randomised double-blind study of 187 outpatients with SAD.

This showed that the antidepressant sertraline proved significantly more effective than placebo at once-daily dosages of between 50 and 200mg.

The only acknowledged treatment for the condition has been phototherapy, and a favourable response to strong light directed towards the eyes has become an important way to differentiate SAD from other depressive disorders.

# Malaria vaccine shows promise against resistant strains

A malaria vaccine undergoing trials in human volunteers has shown promise even against the more resistant strains of the parasite, says the *New England Journal Of Medicine*.

Three formulations of the experimental antigen vaccine were developed by Smithkline Beecham Biologicals and tested on three groups of volunteers in the USA. The subjects were then exposed to *Plasmodium falciparum*, a resistant strain of the malaria parasite.

In the group given the most complex formulation, six out of seven avoided infection, while all of the control group acquired malaria. Those given less complex formulations showed variable immunity.

However, a marketable vaccine is still a long way off. Further research is being conducted to incorporate additional antigens. A series of clinical trials will be initiated over the next few months.

# Tricyclics not satisfying prescribing criteria

Tricyclics are being prescribed in sub-therapeutic doses in general practice, rendering them ineffective in the treatment of depression.

UK Psychiatric Pharmacy Group chairman John Donoghue told delegates at the Mental Health in Primary Care joint conference that the prescribing of tricyclic antidepressants was not satisfying the criteria of safety, efficacy, appropriateness and cost-effectiveness.

Using information from a national general practice-prescribing computer database, Mr Donoghue found that patients on tricyclic antidepressants were being prescribed low doses, while all patients on selective serotonin re-uptake inhibitors were receiving a therapeutic dose.

In his opinion, the low tricyclic dosing was the result of several inter-related factors, including side-effects, historical prescribing patterns, low confidence in high-dose prescribing, and some general practitioners' 'hearsay' evidence that low doses were therapeutically efficacious.

In other studies conducted by Mr Donoghue, tricyclics were found to be the most commonly prescribed antidepressant in the elderly. Doses of paroxetine and sertraline were more likely than fluoxetine to be titrated up, which meant increased costs and incidence of side-effects with the former drugs.

Mr Donoghue concluded that community pharmacists should monitor depressed patients and provide GPs with feedback on treatment.

## PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 8 issue, which will cover this week's CPP-accredited modules, together with those in the February 1 issue.

In other words:

- Parkinson's disease (42)
- Lice and scabies (43)
- Alcoholism (44).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

***C&D* in association with**

Johnson & Johnson MSD

**Consumer Pharmaceuticals**

# Take a closer look at this microscopic difference.


*Unique Flexihold technology bonds mainly where hair crosses leaving part of the hair shaft uncoated. This provides all the hold, but hair retains flexibility and is softer to touch.*


*Conventional hairspray technonology can coat the entire length of the hair to form shell resin around the hair fibre giving a stiff and sticky look.*

# It will make a big difference to your sales.

New Salon Selectives Hairspray is formulated with new Flexihold technology to give a dramatically different 'flexible' hold.

When performance is compared to a conventional hairspray under the microscope, you can easily see the difference. Flexihold holds hair firmly in place, but still leaves it soft and natural to touch and easy to brush out.

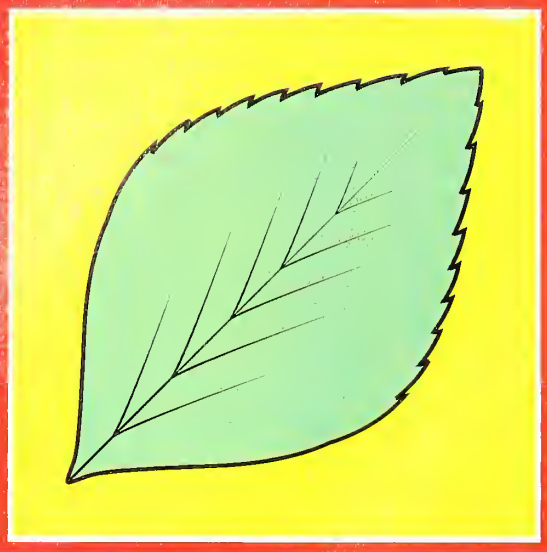

The launch is backed by a £3 million advertising campaign and a £1 million promotional and PR campaign. This is all part of a massive £10 million support programme for the Salon Selectives range in '97.

Get ready for a big swing towards this dynamic Elida Fabergé brand when, for the first time ever, consumers get the performance they really want from a hairspray.

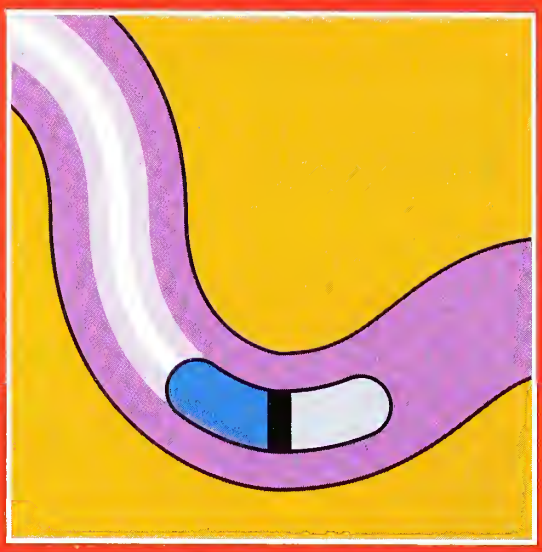
ELIDA FABERGÉ

SALON SELECTIVES
Flexihold
HAIRSPRAY

Business is looking Good

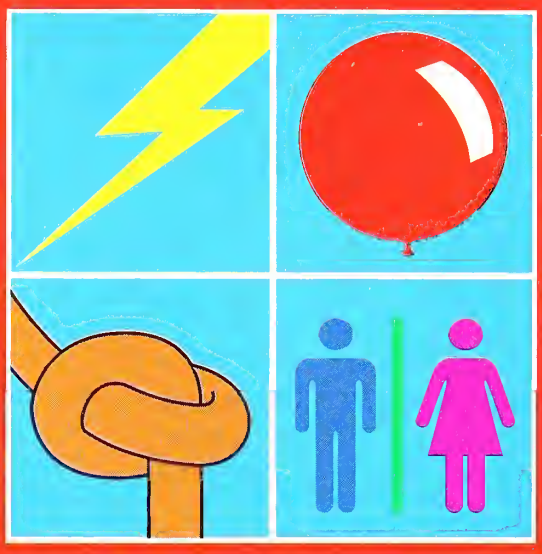


NATURAL PEPPERMINT OIL



IN A SUSTAINED RELEASE FORMULATION TO


GET TO THE PROBLEM WHERE IT WORKS IN TWO WAYS



TO RELIEVE SYMPTOMS

# Benefit from the dual action approach to Irritable Bowel Syndrome

**Benefits for your Customers**
If your customers suffer from the distressing symptoms of Irritable Bowel Syndrome (IBS), illustrated above, you can easily do something about it by recommending Colpermin, one of the most widely prescribed and effective treatments for IBS.

**Natural Peppermint Oil**
Colpermin contains natural peppermint oil, clinically proven to relieve the symptoms of IBS. An enteric coating combined with a sustained release formulation delivers relief directly to where it's needed most.

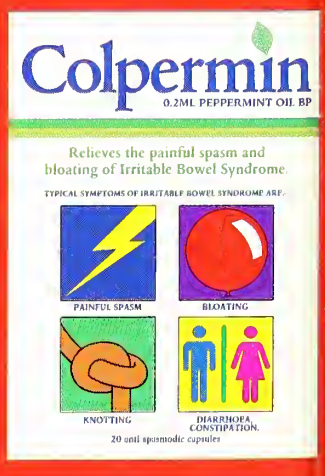
**Dual Action Relief from IBS**

1. Colpermin relaxes the muscle in the bowel wall to relieve painful spasms.
2. Colpermin disperses the pockets of trapped gas to relieve bloating.

By alleviating the symptoms of IBS, Colpermin helps your customers to carry on with their lives.

**Benefits for your Pharmacy**
Colpermin is good for business too. As well as the huge potential of the market - millions suffer from the symptoms of IBS - you can also benefit from generous discounts. Ask your Colpermin sales rep for more information, or ring the Pharmacia & Upjohn telesales team on 0800 801 454.

Colpermin
0.2ML PEPPERMINT OIL BP




£1.8M CONSUMER ADVERTISING LAUNCH

Relieves the painful spasm and bloating of Irritable Bowel Syndrome

# Council calls for urgent action on jobs

The Royal Pharmaceutical Society's Council has agreed that pharmacy manpower needs urgent consideration. The office will prepare a paper on the relevant issues so Council can hold a full debate in the future.

The decision came last week after the Manpower Committee said significant job vacancies were going unfilled, although this was not due to a lack of pharmacists on the Register.

The Committee had examined three surveys of vacancies for pharmacists in the NHS hospital service and reports from the Company Chemists Association, the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee. Manpower problems would also arise from the changeover to a four-year degree course.

John Ferguson, secretary and registrar, said the number of pharmacists registering from UK universities each year was about 1,100. Retirements and deaths produced a net increase of 600. The figure was expected to increase to 700 or 800 a year, based on current student numbers, which should meet the demand.

Marshall Davies, superintendent of the CCA, said the make-up of the Register should be compared with ten or 20 years ago. There was a significant proportion of women now. In some cases, they were discouraged from working for religious or family reasons once they married.

The Register was not an accurate indicator of the number of pharmacists offering themselves for employment. If continuing education became mandatory, some pharmacists would stop practising.

Mr Ferguson said that the Society had tried hard to get the multiples to indicate their likely future demand for pharmacists, but they were reluctant, for commercial reasons, to provide this information.

**Standards tribunal** Pharmacists will be able to comment on a revised proposal for establishing a Pharmacy Standards Tribunal. A statement would be added that the tribunal would not inquire into any matter for which the Statutory Committee chairman had decided against an inquiry because the complaint was frivolous or because it might be properly disregarded for other reasons.

**Ethnic monitoring** Council has agreed in principle to support the introduction of ethnic monitoring of the membership, reversing its decision of March, 1996, that the Society should not take action to collect data on ethnic origins. The law department warned that, without such monitoring, there was a risk that concerns about racial discrimination could become widespread, affecting the profession's trust in the Society. Ethnic monitoring was also becoming standard practice among professional bodies and Government departments.

**Working hours** The law department will advise pharmacists on the implications of an EC Directive on working hours, once it is clear how the Directive will be implemented in the UK. The Directive restricted the working week to 48 hours, but allowed employees to opt out. It also placed a duty on employers to provide rest periods, without specifying a time.

**Millennium** The Society's branches and regions will be asked for ideas on ways to mark the next century.

**Product names** Council approved a proposal for the Medicines Control Agency to allow the use of the same product name for both prescription and non-prescription versions of a medicine, even when the two products were marketed by different companies.

**Assistants' exam** In the final examination for experienced medicines counter assistants, held in November, 1,646 papers were marked and the number of passes (pass mark 80 per cent) was 1,082 or just under 66 per cent.

# Birdsgrove House to become a drug treatment centre

Part of Birdsgrove House, the Royal Pharmaceutical Society's convalescent home, is to be turned into a treatment centre for pharmacists and other health professionals with alcohol or other drug-related problems.

There would also be courses on stress management and other life skills for the Society's members. The rest of the premises would remain devoted to convalescence.

Putting the proposal to last week's Council meeting, the Birdsgrove House sub-committee explained that the house was unlikely to remain viable because its use had declined significantly. Helping pharmacists cope with addictive disease and stress would serve a wider membership.

Those attending for treatment would pay the appropriate fees, while the Benevolent Fund would continue to help convalescents who needed financial support.

Council members were concerned that the existing clientele would be put off, and queried whether a convalescent home could successfully function alongside a drug treatment unit. However, they were told expert advice suggested the two could co-exist quite satisfactorily.

The president, Ian Caldwell, said licensing still had to be investigated. There would have to be two separate units and the Byelaws could be amended if required. He added that those using the centre would be beyond the acute phase of addiction.

It was suggested that the Society might want to franchise the running of the centre to experts with proven ability, as its acceptability to health authorities and social services would depend on the experience of those who managed it.

Council agreed that the officers should make further investigations and come back in two or three months with answers to the questions raised.

# Prescribing review team announced

A team to lead a review of the current arrangements for the prescribing, supply and administration of medicines has been announced.

The purpose of the review, announced in the White Paper 'Delivering the Future', will be to:

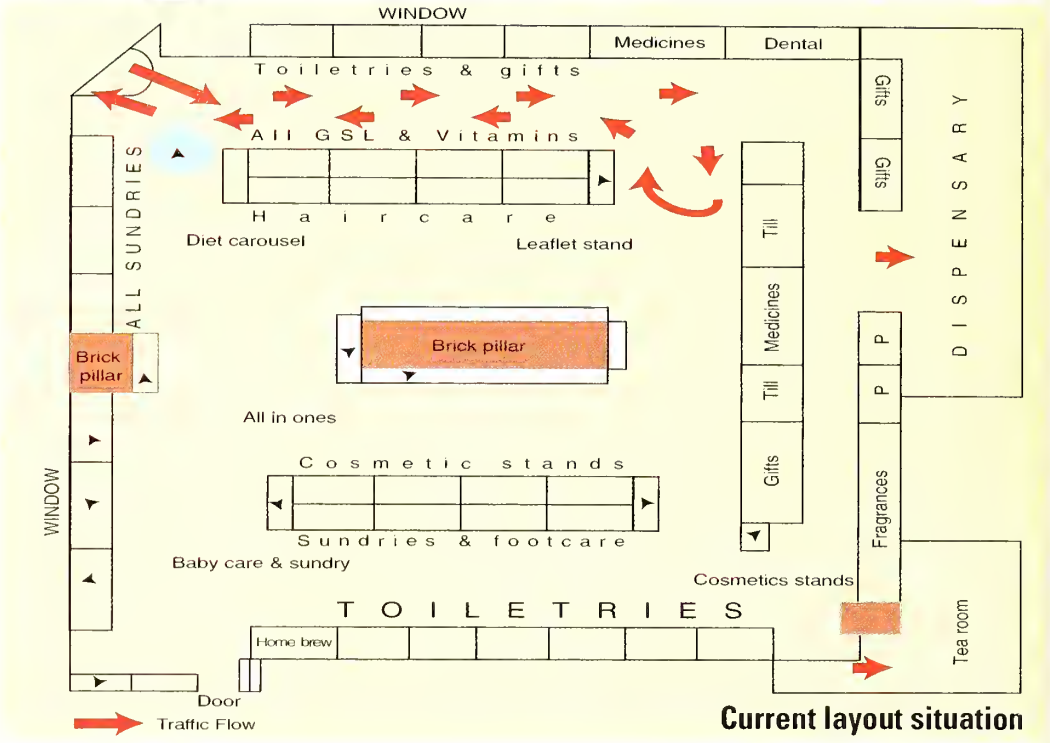
- develop a consistent framework to determine in what circumstances health professionals could undertake new roles with regard to the prescribing, administration or supply of medicines in the course of clinical practice
- consider possible implications for legislation, and for professional training and standards.

The review will take place over the next 12 months. Keith Farrar, chief pharmacist at Wirral Hospital NHS Trust, and Claire Mackie, a community pharmacist in Glasgow, are included in the team.

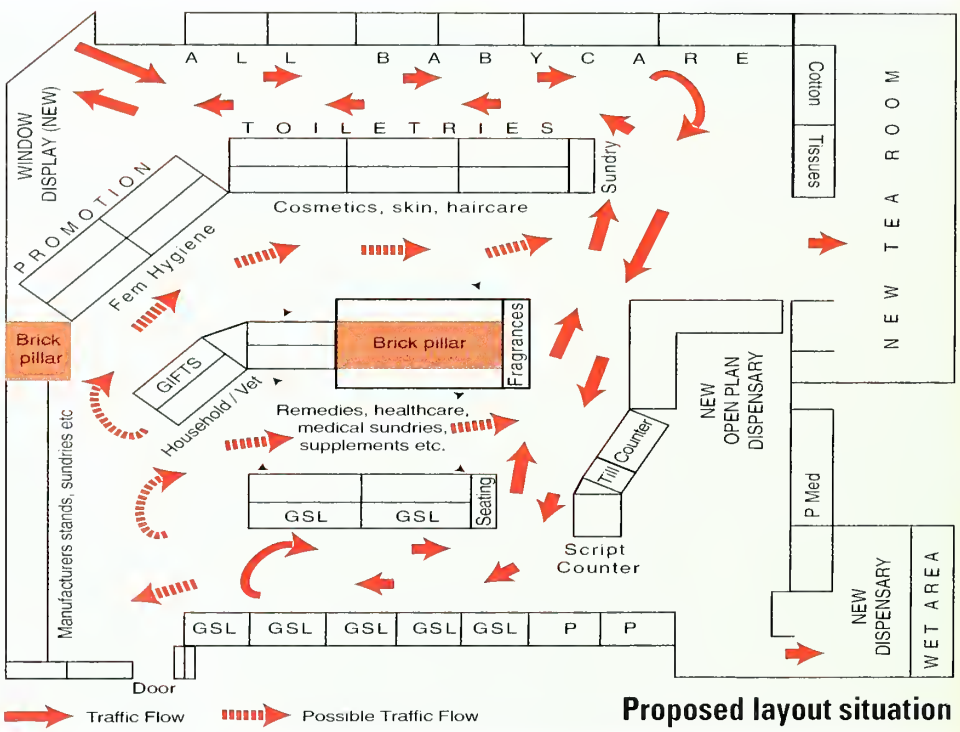
- The DoH is "actively" considering the need for restrictions on the sale of medicines. Paul Flynn MP had asked what measures the DoH had taken to reduce sales of medicines to children under 16.

# Running off the pace

**This suburban pharmacy is living in something of a time warp. But while modern developments have passed it by, so has growth in sales. Business consultant John Kerry looks at some of the reasons why the business is performing off the pace**




**Current layout situation**




**Proposed layout situation**

When Mr G's pharmacy first opened its doors for business it was dispensing arsenicum and arnica to late Victorians. The 1,000sq ft pharmacy, situated in a northern city suburb two miles away from the city centre, nestles on a crossroad that makes it highly visible from all approaches. A hundred years ago, traffic and parking wouldn't have been key issues, but they are now. Although it is conveniently located for passing trade, vehicles rarely stop because there are no obvious spaces.

Mr G serves the local community almost exclusively – and there's a lot of them, as his £680,000 turnover testifies. However, sales have been growing too slowly recently – under 5 per cent per annum – which means that he's not 'on the pace' with inflation.

There are two main differences between this town centre and most others. No 'To let' signs and no multiples. It seems to have avoided modern town diseases – it even lacks a cute little precinct to divert shoppers from the High Street.

It's in a time warp, with local shopkeepers serving the population just as they have always done. Few of them believe that this comfortable situation will last for even another five years. Already, the chill wind of a recent out of town retail development has blown through the city centre, wiping off about 10 per cent of the centre's turnover in one year.

Mr G and his neighbours have felt the draught and their sales have struggled to grow recently. There is, however, no need for doom and gloom. Mr G's business is strong and, despite a definite decline in counter trade, scripts are increasing steadily year on year because the pharmacy has no competition for two miles.

Mr G wants to increase sales. 'Doesn't everybody?' I hear you cry. True, but since he plans to sell up and retire in a few years' time, he wants to take full advantage of its location and size. "This business can do better," he says, and he's right. One thing that's certain, his is the pharmacy for the community, and all growth will come from his existing customers. We've decided that there is little point in trying to attract new customers, but persuading the existing ones to purchase more has a lot of mileage.

Apart from an external face-lift – a modern fascia to lift the pharmacy's image – most of the work to be done is internal.

Looking at the main problems we see that:

- most patients and customers see only one-third of the shop as they walk the short distance from the door to the counter for prescriptions. This is confirmed by the carpet's grubby and worn

*Continued on P24* ▶

# *Every simple instruction deserves a clear and simple solution*


*Pharmacy Stamp*

*Pharmacist's pack & quantity endorsement*

No. of days treatment
N.B. Ensure dose is stated

**Ipratropium Bromide Inhalation Solution 500mcg/2ml**

Use as directed **20**

Bartholomew Rhodes

**1 x 20**

Bartholomew Rhodes

## *has the answer.*

**BARTHOLOMEW RHODES LTD., BRIXWORTH, NORTHAMPTON NN6 9DQ TEL:(01604) 882626 FAX: (01604) 881640**

## Prescribing Information

**Presentation:** Preservative free inhalation solution of Ipratropium Bromide BP250mcg in 1ml or 500mcg in 2ml. **Use:** For the treatment of reversible airways obstruction. **Dosage and administration:** Adults: 0.4–2.0ml solution (100–500mcg) up to 4 times daily. Children: 0.4–2.0ml solution (100–500mcg) up to 3 times daily. Elderly: There is no specific information on the use of ipratropium bromide nebuliser solution in the elderly. Route of administration: By inhalation from a suitable nebuliser or from an intermittent positive pressure ventilator. If it is necessary to dilute the solution, sterile sodium chloride solution 0.9% should be used. **Contra-indications:** Known sensitivity to atropine or to any ingredients of Ipratropium Bromide 250mcg/ml Inhalation Solution. **Warnings:** Use of the nebuliser solution should be subject to close medical supervision during initial dosing due to reports of paradoxical bronchospasm associated with its administration. Patients should be warned not to allow the mist or solution to enter the eyes, particularly in those patients who may be susceptible to glaucoma. Caution is advised in the use of anticholinergic agents in patients with prostatic hypertrophy. Patients should be warned not to drive or operate machinery if dizziness or blurred vision occur. **Pregnancy and lactation:** During pregnancy, only use when the expected benefit is thought to outweigh any possible risk to the foetus. Avoid if breast-feeding as data on excretion of ipratropium bromide in breast milk is not available. **Adverse effects:** Occasionally dry mouth may occur. Urinary retention and constipation have been reported rarely. **Legal category:** POM. **PL Number:** 14641/0001. **Distributor:** Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ. **Package quantity and basic NHS cost:** 250mcg/1ml: 20 ampoule carton £6.75, 60 ampoule carton £20.25; 500mcg/2ml: 20 ampoule carton £7.95, 60 ampoule carton £23.85.

Date of Preparation: February 1997

For further information please contact: Bartholomew Rhodes Ltd.,
Brixworth, Northampton NN6 9DQ.
Tel: (01604) 882626 • Fax: (01604) 881640

MSO 8388360 4/96 C154000 522386 67881 640

◀ Continued from P22

appearance on that walkway, whereas it is relatively well preserved elsewhere

- shoplifting is a serious problem, in common with most bigger pharmacies. The 'snatch and run' brigade used to have a picnic here until Mr G blocked off the getaway route. Sadly, this has prevented honest shoppers from moving freely around the sales area
- a large central brick pillar prevents him from making the shop entirely 'open plan'. This problem, stemming from the time two shops were knocked into one, is very typical and there is rarely an easy solution
- the fittings are only 18 years old but look much older and don't suit this shop. They look tired and don't help to make the best use of space
- impulse purchasing is not encouraged by the dispensary's position and the shop floor's general departmental layout.

While accurate sales data is not available, Mr G estimates that 55 per cent or more of his cash takings emanate from counter medicines. It appears, therefore, that his 150sq ft of counter space earns £110,000 per year (£14 per sq ft per week). The remaining 850sq ft yields £94,000 per year (£2 per sq ft per week). This last statistic is poor by any standards and Mr G should be looking for at least £6 per sq ft per week from all fitments.

## Recommendations

**Fitments and layout** Ideally, Mr G should employ a shopfitting firm sympathetic to his problems and take the opportunity to design a new layout. This will increase customer flow while maintaining security. The dispensary is in the wrong place and, by sacrificing a little of the shop, an open plan one can be built while the present tea room may be converted into a 'wets' area.

Gondolas and floor units need to be repositioned to encourage free movement. I have suggested a plan, but professional shopfitters need to look at the problem carefully.

**Departmental layout** Better positioning of departments as indicated will encourage impulse shoppers.

**Merchandising** This is an important science, particularly in a shop of this size. Mr G has had some help in this matter recently and, in some sections of the shop, sales have improved. He attributes this to well laid out and merchandised fitments, good use of manufacturers' materials, barkers and prices. The whole shop should be treated in the same way.

**Products and stock** As Mr G has the only pharmacy in his neighbourhood, stocking mostly traditional chemist stock, it's impossible to tell whether or not he needs to change anything. After all, there are no management statistics on stock movements, and because most customers don't see most of it, one cannot judge what is right or wrong with the present situation. Decisions about this aspect need to be taken when the interior of the shop has been refitted, or at least replanned.

With the new layout properly merchandised, EPoS should be seriously considered, not only to reduce stock levels (which are not high anyway) but to evaluate the profitability of all departments and product ranges. EPoS may reveal some surprises, but this is doubtful. One can almost predict that toiletries and hair care are going to show up as poor profit earners.

## Other considerations

Upgrading the shop to make it look more presentable and user-friendly. This should be viewed as phase one and may be all that is required to give the business a kick-start into the next millennium.

Because this shop has plenty of space and EPoS is likely to reveal that some of it is being wasted, new product ranges should be considered.

Natural remedies and homoeopathic remedies, for example, are expanding sectors and, in this area of largely middle class families, Mr G could establish a niche market, which he would have to himself.

As the town centre has no gift shop, Mr G could extend his established gift business of coffrets and fragrances by adding ceramics, porcelain, prints, and even including gift wrap and quality cards.

There is a large stockroom upstairs, 500sq ft of which could be either turned into a showroom for aids for the handicapped or baby furniture, prams and accessories. Alternatively, the space may be converted into consultation rooms.

This is a good business in an excellent, unopposed position, with a large customer base and potential for more counter sales. Because the shop is both poorly furnished and laid out, this potential cannot yet be realised. Mr G may not be willing or able to afford a new shopfit, but he should refurbish what he has, reposition his dispensary and reshape the shop in order to sell more to his hundreds of loyal customers.

**Trading and profit and loss** — **Year end November 30**

| | 1996 (est) | | 1995 | | 1994 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Sales** | 678,273 | | 649,354 | | 599,215 |
| Cost of sales | | | | | |
| Opening stock | | 57,133 | | 59,857 | |
| Purchases | | 496,140 | | 444,786 | |
| Closing stock | | (59,704) | | (57,133) | |
| | | | 493,569 | | 447,510 |
| **Gross profit** | **159,243** | | **155,785** | | **151,705** |
| | (23.4%) | | (24%) | | (25.3%) |
| Administrative expenses: | | | | | |
| Directors' salaries | | 34,039 | | 33,302 | |
| Directors' life/pension | | 1,607 | | 1,607 | |
| Wages and salaries | | 63,620 | | 57,026 | |
| Rent, rates, insurance | | 15,698 | | 15,189 | |
| Heating and lighting | | 1,389 | | 1,750 | |
| Telephone, postage | | 780 | | 722 | |
| Repairs/renewals | | 1,521 | | 886 | |
| Motor expenses | | 1,635 | | 1,750 | |
| Print, stationery, ads | | 1,550 | | 513 | |
| Computer expenses | | 1,597 | | 2,052 | |
| Subscriptions | | 414 | | 391 | |
| Security | | 2,639 | | 988 | |
| Stocktaking fees | | 571 | | 569 | |
| Sundry expenses | | 1,787 | | 1,097 | |
| Audit, accountancy | | 2,000 | | 2,000 | |
| Legal, professional | | 174 | | 275 | |
| Bank charges | | 1,283 | | 1,009 | |
| Depreciation, fixtures/fittings | | 1,168 | | 1,168 | |
| Amortisation of lease | | 500 | | 500 | |
| Overheads | **136,589** | | **133,972** | | **122,794** |
| | (20%) | | (20.6%) | | (20.5%) |
| **Operating profit** | **22,654** | | **21,813** | | **28,911** |
| | (3.3%) | | (3.4%) | | (4.8%) |
| Bank interest received | | (7) | | (3) | |
| Bank interest payable | | 5,503 | | 6,863 | |
| | | | 5,496 | | 6,860 |
| **Net profit before tax** | | | **16,317** | | **22,051** |

# IMPORTANT ANNOUNCEMENT

**During November, Colgate-Palmolive (Colgate), obtained a Court Order against a trader dealing in this country in Colgate products which were manufactured for sale outside the European Union (parallel imports).**

## The Order required the trader to:

1. stop the trade
2. deliver-up the goods in question; and
3. produce details of all its dealings in the products

Colgate will continue to take appropriate steps to protect the Colgate name and its valuable brand equity in the U.K.

If you are aware, or are offered, Colgate products of this nature then Colgate would like to hear from you on **01483 464516**

# Western Union in pharmacy drive

Western Union wants to recruit more pharmacies and other independent retailers to run its money transfer service.

The US company says it has already recruited "hundreds of pharmacies" in London. Most were approached via mailshots, while others heard about it from friends. Now it wants to expand the network across the UK.

It says it prevents agents from competing against each other by ensuring they are evenly spread around a region.

The worldwide money transfer network allows customers to send or receive money around the world in minutes. Pharmacists do not have to pay to become a Western Union 'agent'. The company gives them the necessary equipment and point of sale material and, in return, retailers receive a commission.

Piyush Patel, who owns Dobber Pharmacy in Tottenham, London, has become Western Union's biggest UK agent after taking up the service five years ago. "To be honest, we were quite reluctant to take it up at first, because we thought 'Who would bring money into a pharmacy?'," he says. But the service has become "tremendously successfully". Mr Patel says it makes an annual profit of about $48,000 on a turnover of $5-$6 million.

As the service is also drawing more people into the pharmacy, Mr Patel says his sales have improved. "We're talking about 11-12,000 money transfer transactions per month, plus 500 enquiries per month. That's had an effect on our prescription counter and it's increased the number of customers," he says. The pharmacy's turnover grew 6 per cent in 1995 and 17 per cent last year. Western Union provided a personal computer to help run the service. Other agents conduct the transfers by phone using a Freefone number.

## Colgate's war on non-EU PIs

**Colgate has asked pharmacists to help it stamp out parallel imports of its products manufactured outside the European Union. It recently won a court case to prevent a trader in this country from importing them. The court ruled in favour of the company, partly because toothpastes, like medicines, have product licences.**

## Offensive Weapons Act

**Pharmacists may have to stop selling products that could be used as weapons, following the introduction of the Offensive Weapons Act 1996, which came into force at the beginning of this year. While the Act prohibits the sale of knives to under-16s, its definition of 'knife' covers any sharply-pointed article that can cause injury. This could affect sales of scissors, metal nail files, manicure sets, corn knives and loose razor blades.**

## Parallel import review

**UK parallel import sales are worth $500 million (£306m) annually and account for 8 per cent of the country's pharmaceutical sales, according to 'Parallel Importing in Europe', a report by Datamonitor, price $2,495, tel: 0171 625 8548.**

## Solgar writ against H&B

**Solgar Vitamins has issued a writ against Holland & Barrett because it claims the chain's Gold Standard range of supplements looks too similar to its own Gold Label range. Lloyds Chemists, H&B's owner, says it will be contesting the suit.**

# New security for Moss

Moss Chemists has installed Sensormatic's Ultramax, an electronic article surveillance system, in 40 stores following a successful trial.

The company decided to review its security because of the "high level of shoplifting experienced throughout its stores".

It ran a six-month trial that compared Ultramax with electromagnetic and radio frequency systems at outlets in West Drayton, Southall and Hayes. Following stocktakes carried out before and after the trial, Moss says that the Ultramax system was the most effective in preventing thefts.

Steve Treasure, Moss' security manager, says Ultramax reduced the stores' shrinkage by 70 per cent. While the system's effectiveness is clear, "the biggest deterrent has been the fact that it's there", he says.

Ultramax places a detection device with flashing lights on entrances. Tags are enclosed in product packs, particularly those that are more frequently stolen.

Moss is leasing the Ultramax system for five years. It will continue security tagging in branches that have the biggest theft problems.

The company is also looking at Sensormatic's Ultramax source protection programme, where manufacturers insert anti-theft labels into packages.

● *C&D* understands that Boots the Chemists is also looking at Sensormatic's product. Boots says it is looking at a number of systems and would not comment on whether Ultramax is one of them.

# Core seeks Stock Exchange debut

The Core Group aims to be the first British drug delivery specialist to float on the Stock Exchange.

The company has issued a pathfinder prospectus in preparation for its placing, which is sponsored by N M Rothschild & Sons. Its broker is Merrill Lynch International.

Core will use the money it raises to finance its drug development programmes. Its losses, up to December 31, are estimated at $5.5 million, although it expects to generate its first "significant" revenues next year.

The group's product portfolio comprises a morphine rectal delivery system to manage pain in terminal cancer (an application for marketing authorisation has been submitted to the Medicines Control Agency and the US Food and Drug Administration); a miconazole hydrogel pessary to treat thrush, which is in Phase III trials; a metronidazole hydrogel pessary to treat bacterial vaginosis, in Phase II; and an OSAT nifedipine formulation for the prophylaxis and treatment of angina, hypertension and Raynaud's Syndrome, which is also at Phase II stage. (Core's OSAT system allows its drugs to be taken orally, either in tablet or capsule form.)

# Peptide shares surge following SB deal

Peptide Therapeutic's shares shot up 40p to 369p after it signed a licensing deal on its allergy vaccines with Smithkline Beecham.

SB has paid $6 million – comprising $3.6m for new Peptide shares at 360p a share, and $2.4m cash in licence fees – to obtain worldwide rights to Peptide's vaccines. The transaction will give SB a 2.8 per cent stake in Peptide.

Peptide could receive a further $24m in milestone payments as its research progresses. It will also receive royalties if the drugs reach the market. The company would not say how much these royalties could be worth, but the market for anti-allergy vaccines is worth about $5,000m.

Its vaccines are designed to protect against allergies, including hayfever. The first vaccine could be on the market in 1999.

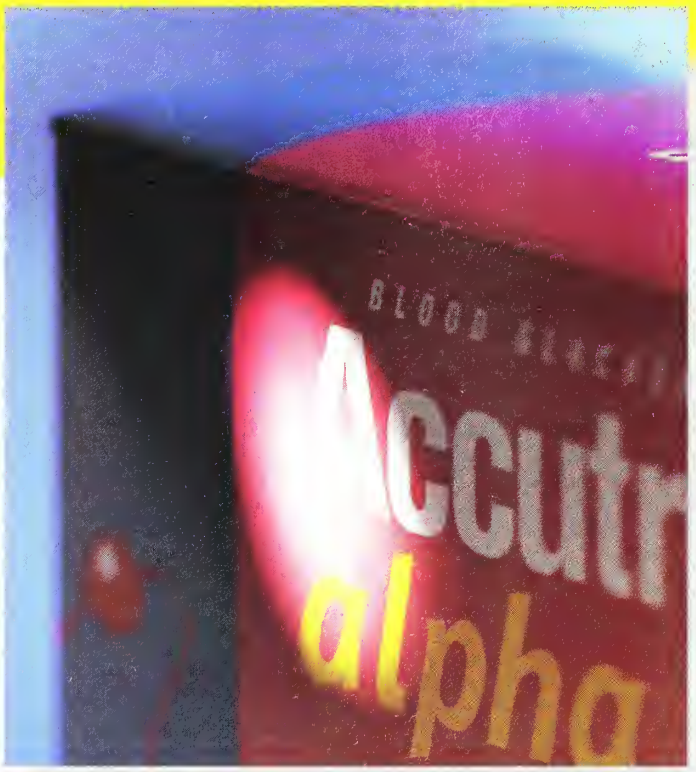
# Peter Black's profits increase £9.2m

Peter Black's pre-tax profits rose 12.4 per cent to $9.2 million on a turnover of $75.6m for the six months to November 30.

The company, whose interests include vitamins, supplements and toiletries, paid acquisition costs of $14.4m, which resulted in a goodwill write-off of $13.7m.

Last year, it paid $2.5m for Gerard House, a Scholl subsidiary that manufactures and distributes herbal medicines, essential oils and aromatherapy products. The company comments that the integration is going well and predicts performance will exceed expectations.

# A window of opportunity

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## COMING EVENTS

**TUESDAY, FEBRUARY 18**

**East Metropol Branch, RPSGB**
Wanstead Library, Spratt Hall Road, Wanstead, London E11, 7.30 for 8.00pm. 'The Work of a sports physician' by Dr Ian Beasley, medical officer to Leyton Orient FC and the Olympic hockey team.

**Harrow Branch, RPSGB**
Clinical Lecture Theatre, Northwick Park Hospital, 7.30 for 8.10pm. 'Wound dressings' with a team of speakers from community nursing.

**Oxfordshire Branch, RPSGB**
Lecture Theatre 2 in the academic unit at the John Radcliffe Hospital, 7.30 for 8.00pm. 'Update on blood lipids' by Dr David Propper, senior registrar, Imperial Cancer Research section at the oncology department of the Churchill Hospital.

**Bristol Branch, RPSGB**
Southmead Post-Grad Medical Centre, from 7.30pm. 'Supernurse – prescriber, practitioner, partner?' by Mark Jones, community health adviser, Royal College of Nursing.

**WEDNESDAY, FEBRUARY 19**

**Wirral Branch, RPSGB**
Post Grad Medical Centre, Clatterbridge Hospital, Wirral. 'Bone density and osteoporosis' by Dr T D Kennedy, consultant rheumatologist at Arrowe Park Hospital.

**THURSDAY, FEBRUARY 20**

**Bedfordshire Branch, RPSGB**
Cedar Room of the Conference Centre, Silsoe College, 8.00pm. 'The developing role of paramedics' by David Ovenden, head of training at the Bedfordshire and Hertfordshire Ambulance and Paramedic Service.

**ADVANCED INFORMATION**

The **Royal College of Surgeons** has organised a display on **March 14-21** at the Hunterian Museum for SET97 on 'Common diseases'. Tel: 0171 973 2190.

**Spring Innovations** has organised an Outsource 97 conference and exhibition on **March 18-19**, at the Manchester Conference Centre, UMIST, Manchester. Tel: 0161 440 0082.

**London's Museums of Health and Medicine** have organised a lecture at SET97, **March 20**, on 'Chinese herbal medicines', and a tour of the 'Secret museum' on **March 20-22** at the Royal Pharmaceutical Society. Tel: 0171 735 9141.

The **Institute for Optimum Nutrition** will be presenting masterclasses and public lectures on **April 3-5**. Speakers: Dr Jeffrey Bland, Dr John Lee and Patrick Holford. Tel: 0181 877 9993.

The **National Association of Women Pharmacists** will hold its weekend conference on **April 11-13** in Birmingham. Tel: 0121 449 3652.

# Gehe not a threat to generics

Gehe will concentrate on distribution rather than expand its UK interests into manufacturing and research and development, according to David Watkinson, AAH Pharmaceuticals' marketing manager (below).

"Gehe doesn't see itself as a threat to the generic market, and it proved that in Germany, where it recently sold its generic subsidiary," he said. [Gehe sold its pharmaceutical operations for about $500 million in October.]

Mr Watkinson, who was presenting a speech on 'Distribution channels' for the Pharmaceutical Marketing Society, told manufacturers that Gehe wants to help them control parallel imports.

However, one area that could interest both AAH and Unichem is the distribution of drugs direct to customers' homes.

"That's a growth area, but how much it grows will depend on who will pay for this service as it's not cheap. There's no reason why Unichem or AAH cannot move into this area because it's just another element of the distribution channel," he said.

He believed drugs would be distributed more efficiently if manufacturers worked closely with wholesalers and pharmacists.

"You get the feeling that the supplier sees the distribution channel as an obstacle to achieving his objective. He should be working, instead, in partnership with his [distribution] channel."

Both Unichem and AAH have developed specialised skills from working with pharmacies, and he advised manufacturers to tap into those skills.

# Baby care sales to reach £234m by 2000

Annual UK baby care sales are expected to grow 5-6 per cent and should top £234 million by 2000, reports the latest market survey by Corporate Intelligence on Retailing.

Baby wipes will be the market's main driving force. Their sales were worth £77.3m for the year to August, up nearly 10 per cent on those of 1993. Thick wipes accounted for 76 per cent of the sales by volume and 88 per cent by value last year.

Overall, the baby care market has been relatively static. Its sales last year rose 4.3 per cent to £189.1m.

Baby wipes are the largest sector in the market, accounting for 41 per cent of its value last year, followed by toiletries with 31 per cent, cotton wool with 14 per cent, creams and ointments with 8 per cent and cotton wool buds with 7 per cent.

Sales of baby bath and lotion products – the largest segments in the toiletries sector – remained static. Lotion sales, worth £10.6m last year, were affected by the popularity of wet wipes, particularly brands combining wipes with baby lotion.

Baby bath sales grew 5 per cent to £16.7m, mostly because Johnson & Johnson had launched two premium products: Johnson's Breatheasy Bath and Johnson's Soothing Bath.

Although Boots is the most important retailer for baby care products, grocery multiples are eating away at its share.

Boots' share of baby wipes sales fell 3 per cent to 27 per cent for the year to August. While that of major supermarkets rose 1 per cent to 18 per cent. Community pharmacists' share remained unchanged at 7 per cent.

# Seton buys anti-infection drugs

Seton Healthcare has paid £0.9 million in cash for Houghs Healthcare's three anti-infection drugs – Sterzac, Manusept and Aquasept – along with a vitamin product.

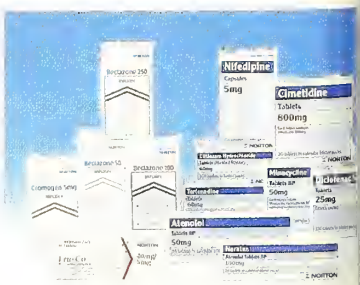
Seton will also acquire stock worth £140,000.

The brands earned an unaudited gross margin of £300,000 on unaudited sales of £800,000 for the year to December 31, 1995.

Iain Cater, Seton's chief executive, says they complement his company's portfolio. "This acquisition fits extremely well with our existing product portfolio and offers significant potential for developing our range of infection control products."

## COMPANY IN FOCUS

- **Great bikes. Don't say they produce drugs, too?** Not that Norton – HN Norton, which recently launched the Advantage scheme to boost its sales.
- **Advantage?** Customers are awarded credits against purchases which can then be redeemed against further stock, or items from a catalogue. More than 3,000 customers have signed up.
- **Wasn't Norton thrown out of the Association of the British Pharmaceutical Industry for this wheeze?** No, the company resigned on a matter of principle after a dispute over a trade promotion. A wholesaler was linked with the company in a promotion offering Marks & Spencer vouchers or bikes. The ABPI says this was an "unacceptable inducement". Norton disagreed (see *C&D* January 4, p22). Although no longer a member, it will still abide by the Association's Code of Practice, says marketing director Nick Foster.
- **What is all the fuss about?** HN Norton is the UK's leading supplier of generics (sales topped £55 million last year). It is a subsidiary of Norton Healthcare, which includes other divisions and whose sales were estimated at £139m last year, according to Mr Foster. That means Norton Healthcare is in the same UK league as Zeneca, Ciba and Lilly's.
- **What are these other divisions?** Well, Baker Norton markets some 40 branded products, such as Beclazone inhalers and Steri-nebs, and has reached number 22 in the IMS rankings. With sales of £37m, it has overtaken Boehringer and Fisons to become the UK's third largest asthma company. Steripak makes blow fill seal products, while the fledgling Norton Consumer has three brands on the market.
- **Did someone say they were into cosmetics as well?** Dermablend and Flori Roberts make up the branded portfolio.
- **So where does this empire operate from?** Norton is becoming an Eastender. The company has bought 25 acres in London's Docklands, overlooking the Royal Albert Dock, and is to relocate its European headquarters from Harlow during this year.



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**01732 771284 (evenings)**

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**TRADE LESS 30%+VAT** - 89 Myambutol 400mg (exp 8/97), 94 Triptafen M (exp 10/97), 22 Prograf 1mg, 100 Provera 5mg (exp 6/99), 2x100 Probanthine tabs (exp 3/97), 84 Climagest 1mg, Colofac liquid (exp 5/97). Tel: 0161 223 0112.

**TRADE LESS 50%+VAT+POSTAGE** - Convatec S353x10 S271x10, S281x2, S206x10. Tel: 01484 428646.

**TRADE LESS 25%+VAT+POSTAGE** - Fybogel Mebeverine, 10x2ml Pulmicort respules 0.5mg/ml, 4x500mls Benoral, 300l Bricanyl syrup, 9 Claritin syrup, 66 Minocin 50mg, 451 Ilosone caps. Tel: 0181-428 4373.

**TRADE LESS 40%+VAT+POSTAGE** - Colifoan enema (exp 3/97), Fluphenazine conc 50mg/0.5ml, 2 boxes Depixol conc 50mg/0.5ml (exp 6/97), trade less 30%+vat - Loron 400mg caps. Tel: 0181-788 3053.

**TRADE LESS 30%+VAT** - Imuran 25 and 50 (exp 99), trade less 60% - Casodex (exp 8/97), trade less 50% - Sandostatin 1mg. Tel: 01704 28437.

**TRADE LESS 30%+VAT** - 1 Flixotide 25mcg inhaler (exp 3/97), 24x250ml Paediasure liquid (exp 12/97), 300 Aldactide 50 (exp 00), 6x4x500 kcal Maxijul super sol 4x140g sachets (exp 6/98). Tel: 01502 574721.

**TRADE LESS 25%+VAT+POSTAGE** - Zithromax 250mg 18x6 exp 9/00), Diflucan 200mg 3x7 (exp 7/01), Diflucan 50mg 4x7 (exp 9/01), Sandimmun oral soln 100mg/1ml 4x50ml (exp 5/98). Tel: 01382 665608.

**TRADE LESS 30%+VAT** - 5x56 Cyproterone acetate tabs (exp 8/99). Tel: 0181-980 2400.

**TRADE LESS 30%+VAT** - Lopid 300mg (exp 10/97), Lamprene 100mg (exp 8/97), Erythroped sachets (exp 5/97), Celance 0.25mg (exp 5/97), Surgam 300mg (exp 11/98). Tel: 0171-739 4723.

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**TRADE LESS 30%+VAT** - 8x10x5ml

## EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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**NORTH WEST**
**FIRST ADVERT.** Extremely well presented and attractive pharmacy in thriving neighbourhood parade of popular town. Projected T/O FYE 30th April 1997 £475,000 NHS items average 2,355 per month plus very good OTC trade. Property freehold including S/C L/Accom with letting potential. GW/Fix £215,000 SAV. Vendors instructions taken on release of details.

**MIDDX**
**FIRST ADVERT.** Retirement sale of spacious leasehold pharmacy in pleasant residential suburb. Estimated T/O FYE January 1997 £175,000. NHS items around 1,100 per month. Vendors ill health has caused this business to be neglected. Good scope for more youthful proprietor. Urgent sale required. Any reasonable offer accepted. SAV.

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**SOUTH LEICESTER**
**FIRST ADVERT.** Freehold pharmacy on extensive neighbourhood parade fronting main road. Estimated T/O FYE 31st December 1996 £445,000. Current trading showing rapid growth corresponding to large scale local residential development. NHS items average 3,300 per month. Excellent profits. Sale by way of Share Transfer. Offers around £195,000 for GW/Fix.

**MID ESSEX**

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Robert Glithero on **Tel: 0161 477 9045**

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**TRADE LESS 30%+VAT+POSTAGE** - Bolvidon 10mg, Cytotec, Diamox SR 250mg, Emflex caps, Evorel PAK, Famvir 250mg, Frusene tabs, Lamictal PI 100mg, Mictral sachets, Trasicor 160mg, Tertroxin 20mcg. Tel: 0181 903 8502/4222.

**TRADE LESS 25%+VAT** - Prostap SR, Hollister 3613, 3608, Convatec S821, Biotrol 31835, Coloplast 8725, 2765, Multiload short cu 250, Buspar 5mg, Benoral tabs, Symmetrel 10, Lederfen 450. Tel: 01257 269862.

**TRADE LESS 30%+VAT** - 1x300ml Zantac syrup (exp 11/97), 1x500ml Prepulsid susp (exp 12/00), 30 Myambutol 400mg (exp 10/98). Tel: 0171 405 1039.

**TRADE LESS 30%+VAT+POSTAGE** - Clexane 40mg inj, Cavi-care 2x20g, Dibenyline 2x30 plus others. Tel: 01922 477784.

**TRADE LESS 40%+VAT** - 14 Slow le Folic (exp 6/97), 90 Caprin 75mg e/c (exp 10/97), 20 Dicynene 50 (exp 9/97), 68 Largactil 100mg (exp 9/97), 28 Mobiflex 20mg (exp 9/97). Tel: 0181 684 1352.

**TRADE LESS 20%+VAT** - 20 Saizen vial + solvent 4iu. Tel: 0171 790 0625.

**TRADE LESS 30%+VAT** - 3x100 Olbetam (exp 1/98), 4x100 Atromid S 500mg (exp 11/97), Suscard Buccal tabs 5mg 100 (exp 8/97) + 100 (exp 7/98). Trade less 50%+VAT - Zovirax 400mg x 56 (exp 3/97). Tel: 01463 713943.

**TRADE LESS 30%+VAT** - 5x56 Cyproterone acetate tabs (exp 8/99). Tel: 0181 980 2400.

**TRADE LESS 30%+VAT+POSTAGE** - Voltarol 100mg suppositories 7x10, 1x60 Arythmol 300mg, 7-0 Arythmol 150mg (exp 7/97). Tel: 0171 736 3034.

**TRADE LESS 25%+VAT+POSTAGE** - 6x30 Parlodel 10mg caps PI (exp 9/98), 7x12 Nutrison paed standard 200ml (exp 22/97). Tel: 01291 420316.

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**JOHN RICHARDSON** - 386 computer system including Panasonic printer, PMR programme, all cables, etc, £395. Tel: 0161 485 2693.

**SHOP DISPENSARY FITTINGS** - Due to relocation. Tel: 0161-973 1075, evening 0161-790 4673.

**GLASS CABINET** - for perfumery, excellent condition, size 5.5ftx4.5ft (five shelves) offer price £120, new cost £450. Tel: 01344 776622.

**MANREX EQUIPMENT** - for homes. Pill packs (pink, yellow, orange, blue), photo-dividers, metal files. 30% of trade. Tel: 01633 284294.

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**PHOTO-ME IMAGER 135RA** - 1 hour photo processor in working order £11,950+vat or near offer. Tel: 0973 238262.

**VENALINK HEAT SALE PRESS** - Perfect order, not used since last service £15, AAH three wheel walking aid, with basket, seat and brakes, demonstration used only £125. Tel: 01564 777223.

**HONDA ACCORD** - 2.3i SR auto M reg, FSH, silver alloys, leather interior, all electrics, remote c/locking, alarm, immobiliser, cruise a/c, twin airbags, 6 speakers, excellent condition (£21,500 new) £12,950. Tel: 0141 884 8088.

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**To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.**

PLEASE COMPLETE IN BLOCK CAPITALS

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# ABOUTpeople

Gainsborough's top shop assistant, Claire Moody

## Service with a smile brings its reward

Claire Moody, 23, from Weldrick's Chemist in Gainsborough, has been nominated as her town's best shop assistant.

A member of the public recommended her to the Gainsborough Chamber of Trade and Industry. She has appeared in her local newspaper, the *Gainsborough News*, and has been sent a letter from her pharmacy group's head office congratulating her.

"I try to be as helpful as possible. I like to treat people in the same way as I would like to be treated," explains Claire. "I enjoy my job and really like meeting people."

Staff at the pharmacy are pleased for her. "She's done really well. They know her by name and ask to speak to her personally. She gets on with everybody," says locum pharmacist Lucy Pixton.

Claire joined Weldrick's over six years ago as part of a training scheme before being taken on full-time and is currently working towards a level three National Vocational Qualification to become a senior assistant.

Shirley Elflett (left) of Buckingham Pharmacy, Great Yarmouth, has won £1,000 of holiday vouchers in a Vitaleyes' national pharmacy assistant competition. Anne Shackley, Ceuta Healthcare's pharmacy business manager, presented the prize

After 40 years in the civil service, the permanent secretary of the DHSS in Northern Ireland, Alan Elliott, is retiring. Wishing him well, Northern Ireland Pharmaceutical Contractors Committee chairman Sheelagh Hillan, on behalf of pharmacy contractors, presented him with a drug jar at the Committee's annual dinner at the Culloden Hotel, Belfast, last Friday

The hard work of two long-serving members of the Northern Ireland Pharmaceutical Contractors Committee was recognised at the PCC's annual dinner at the Culloden Hotel, Belfast, last Friday. Committee chairman Sheelagh Hillan made presentations to past-chairman Gwyn Williams, and Desmond Duffy, who "drove over the Glenshane in all sorts of weather to sort out the city rota"

**APPOINTMENTS**

## Maguire to direct continuing education in Northern Ireland

Dr Maguire

Dr Terry Maguire has been appointed director of the Northern Ireland Centre of Postgraduate Pharmaceutical Education and Training from March 1.

He will be responsible for executing the continuing education strategy, drawn up by a committee currently chaired by Pharmaceutical Society president Dorothy Graham, and will be based within the School of Pharmacy at the Queen's University of Belfast, where a new centre will be opening next month.

Dr Maguire owns two pharmacies in West Belfast and was a senior lecturer at Queen's. He is also vice president of the Pharmaceutical Society of Northern Ireland.

**Bill Hodgkinson** has joined Graham Tatford, the Portsmouth-based Numark wholesaler, as territory manager, central southern area. He previously worked for AAH Pharmaceuticals and Astec Pharmaceuticals.

**Peter Cattee** has taken over as the chairman of Unichem's south regional committee, which represents approximately 1,500 pharmacists served by the company's Croydon, Chessington and Exeter branches.

The British Retail Consortium has appointed **Alastair Eperon** as deputy chairman. He is currently director of corporate affairs at the Boots Company and has been a director of the BRC since 1995.

Oral-B has appointed **John Revill** as interdental product category manager. He has been an area sales manager for the company for the past two years.

Clarrell International has announced the appointment of **Barry Webster** as sales director. He was formerly sales director at Fabergé.


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